

SYNERGY ADOLESCENT HEALTH COALITION

*“LET’S TALK
ABOUT SEX, BABY”*



*A SEXUALITY
CURRICULUM
FOR
ADOLESCENTS*



SYNERGY PROJECT, DEPARTMENT OF HUMAN SERVICES, COMMISSION OF PUBLIC HEALTH, OFFICE OF MATERNAL AND CHILD HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA
MARION BARRY, MAYOR

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ACKNOWLEDGEMENTS



This curriculum was modified from STARS (Students Talking About Responsible Sexuality), Planned Parenthood of Maryland and New Visions, Planned Parenthood of Wisconsin. These organizations have developed curricula on adolescent sexuality that are inclusive of the prevention of adolescent pregnancy, sexually transmitted infections, HIV/AIDS and substance abuse.

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If you would like more information about this curriculum or the SYNERGY Project, call (202) 541-3838, or write to the DC Commission of Public Health, Office of Maternal and Child Health, SYNERGY Project, 2146 - 24th Place, N.E., Suite 217, Washington, D.C. 20018.

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FOREWORD

This sexuality education curriculum, "Let's Talk About Sex, Baby", was developed to assist adolescents in making healthy decisions regarding sexuality and life planning. Adolescent pregnancy, sexually transmitted diseases, and HIV/AIDS are all serious public health dilemmas which have had a detrimental effect on adolescent physical and emotional development. The SYNERGY Adolescent Health Coalition, an outgrowth of the Synergy Project (funded by a CDC grant to the Office of Maternal and Child Health, D.C. Commission of Public Health) has selected and modified two existing adolescent pregnancy prevention curricula to address this public health need.

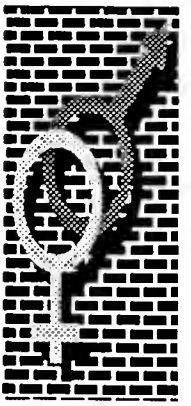
The curriculum is divided into fourteen separate program sections. Each program section contains an overview and a series of activities which are related to the program topic. Procedures for facilitation are provided with each activity that outlines the objective of the activities and preparation needed for implementing the activities. Possible discussion questions are provided where applicable.

The curriculum is best implemented as a series. It is suggested that the series be implemented in 6-8 week sessions. However, the activities herein are designed such that they can be pulled from the curriculum to be used in "one-shot" seminars or workshops.

The curriculum is highly interactive and is designed for young people ages 14 to 21. It tries to show teens that they are at risk for pregnancy, sexually transmitted diseases and HIV/AIDS. The curriculum is realistic and culturally sensitive. The learning goals for each teen are:

- To increase awareness of risk taking behavior that may result in an unwanted pregnancy, sexually transmitted disease or abuse of substances.
- To build responsible decision-making skills and increase sexuality knowledge.
- To become empowered to take responsibility for choices that are made.
- To learn positive communication skills with which to build healthy relationships with families, partners, and peers.





Teen Pregnancy

- More than one million teenagers become pregnant each year in the United States.
- Seventy-five percent of all unintended pregnancies occur to teens who do not use contraception.
- The neonatal mortality rate is 1.5 times higher among teen mothers than mothers over the age of 20.
- Over half of the AFDC payments in the U.S. supports families started when the mothers were teenagers.
- Teen parents are more likely to drop out of school, and sexually active teens are also more apt to be involved in delinquent behaviors.

Teen Pregnancy in the District of Columbia

- Between 1986 and 1990 adolescent childbearing was on the rise in the District of Columbia where the rates rose from 17.8% in 1986 to 19.3% in 1989 for the 15-19 year old age group.
- D.C. experienced a drop in its pregnancy rate in 1992. The largest decrease was to women in the 15-19 age group; this group experienced a 21% decline from the previous year.

Sexually Transmitted Diseases and HIV

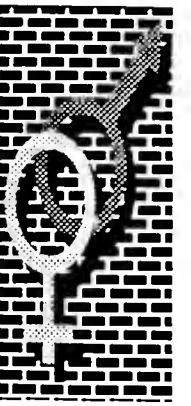
- Every year 2.5 million teens are infected with a sexually transmitted disease in the U.S.
- In 1993, teens under the age of 20 accounted for 30% of all reported gonorrhea and 9% of syphilis cases in the District. In both categories higher incidences of disease occurred among young women; these figures were 54% and 73% respectively.
- More than 20% of AIDS patients are in their twenties. Because HIV has a long incubation period, it is highly probable that many of these young adults became infected with the HIV virus as adolescents.
- 4% of the total AIDS cases in D.C. were to teens under the age of 20. The D.C. Office of HIV/AIDS surveillance estimates that 1 in 45 adolescents in the District of Columbia is positive for the HIV virus.

Substance Abuse and Its Relationship to Sex

- More than 4.5 million teens have experimented with an illicit drug.
- The use of illicit drugs greatly impairs an individual's decision-making skills and inhibits an individual's ability to practice safer sex or use contraception.
- One study reports that among sexually active teens who use drugs, 25% used condoms less after drug use.



TRAINING GUIDELINES



The “Let’s Talk About Sex, Baby” curriculum for adolescents is an attempt to address the issues of adolescent pregnancy, sexually transmitted diseases, and alcohol and other drug use as they relate to sexuality and risk taking behavior among young people by helping them become more aware of:

- How their reproductive systems work
- Positive ways to deal with sexual feelings
- How to avoid risk taking behavior
- Information to help facilitate good decision making skills

Teaching this curriculum can be fun. Teens readily get involved in the discussions because the subject matter interests them, and because the approach is new. You are presenting not only the notion that pregnancy prevention is an appropriate topic for discussion, but also the notion that pregnancy and sexually transmitted diseases can be prevented.

You may be called upon to share your personal experiences as an adolescent, or to respond to “what if” questions. Be honest, acknowledge your mistakes and share those responses that have allowed or would allow you to solve the problem with fewer negative consequences. And remember, some issues such as vulgarity and derogatory comments, can and should be ignored.

This curriculum embraces a public health strategy which is based on the assumption that education can alter behavior. This approach has been used in a variety of successful campaigns with which we are all familiar. The education campaign to teach the dangers of smoking, for example, has led to behavioral changes.

How to Use this Curriculum

Sexuality education is not a topic that lends itself to easy answers or concrete facts and figures. Although this curriculum does contain such “hard information” as statistics and new vocabulary and concepts, its substance comes from the teens—their experiences, their opinions, and their values. This can place facilitators in an awkward position. Teens may ask questions that facilitators don’t feel prepared to answer. “Uncomfortable” issues, like sexual abuse or sexual orientation, may come up.

To assist you in making the best possible use of this curriculum, the following guidelines and suggestions have been prepared, based on feedback and interviews with pilot-test and field-test trainers.

How do I prepare to teach sexuality education?

Trainers of this curriculum must think of themselves as facilitators who initiate and guide discussions, who create a classroom climate where teens feel safe in sharing experiences and opinions, and who help teens examine their values and experiences.

How do I keep the brainstorming, role playing, and discussions from becoming a free-for-all?

Each type of activity is discussed more fully throughout the curriculum, but basically you keep control the way you would during any type of instructional activity. Establish rules and guidelines, and stick to them. You might want to tell teens at the outset that they will be participating in activities that are unfamiliar, and that you expect the same standards of behavior as usual. And then maintain your usual standards.

How do I go about guiding discussions?

Since discussion is such an integral part of this curriculum, it's important to establish a climate that allows teens to feel safe participating. If you haven't done so before, establish guidelines for discussion:

- Everyone is allowed to express his or her opinion, and should be given a chance to do so without being interrupted.
- It is permissible (and even encouraged) to question or disagree with someone's opinions, but it is not permissible to put down or laugh at others' opinions.
- Instead of putting down someone else's ideas, teens should share their own.

What if teens ask questions I can't answer?

Expect this to happen. Many questions about sexuality education are unanswerable. If you are asked a question you can't answer, say so and try throwing it back to the class. Ask, "What do you think?" or "Why do you think that?" If the question concerns a point of information, ask, "How could we find the answer?"

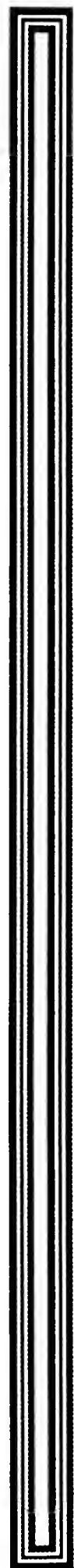
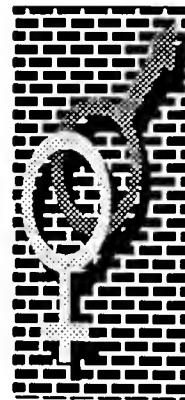
What do I do if the teens won't talk?

First, ask yourself why. Is it because the teens don't feel safe? Are they uncomfortable? Do they not understand the question? Do they have no opinion? Are they bored? Depending on your sense of why teens are not talking, try the following:

- Restate the question, and ask teens if they understand.
- Ask different questions.
- State an opinion, and ask whether teens agree or disagree, and why.
- Ask whether they have no opinion.
- Wait several seconds; give teens a chance to think.
- Make the point yourself, and move on to the next activity.

Okay, what do I do if there is too much discussion?

That depends on the amount of time you have to teach the curriculum, and the quality of the discussion. If you have more than ten sessions to devote to the curriculum and the discussion seems particularly valuable, you might decide to let it continue. The problem is that a single discussion can take over an entire class session. As a rule, set time limits on the discussions and stick to them. Doing so will keep the energy level high. You might tell teens that many of the points they want to express during





a discussion are likely to come up several times during the course.

What do I do if uncomfortable topics come up?

This sometimes happens. Such issues as sexual abuse, child abuse, or extremely personal self-disclosure can be uncomfortable to discuss.

Silence can be one sign that teens are nervous. Lay the groundwork for this possibility by establishing discussion rules to ensure that no one will be laughed at. It can also be effective simply to ask teens if the issue makes them uncomfortable. If so, acknowledge the situation. Make one or two points about the issue and move on.

In the case of a teen who shares something that seems too personal, you can interrupt the teens, saying: "I'm not sure that's appropriate to go into right now. Why don't you meet me after class and we can talk about it?" You can then arrange a time to meet with the teen and, if necessary, direct him or her to resources where help might be available.

How do I conduct a brainstorming session?

The point of brainstorming is to generate many ideas as quickly as possible. The ground rules are simple:

- Keep the brainstorming session short and the pace quick.
- Don't allow teens to judge any of the ideas until the session is finished.
- Inform teens that they need not wait for completely original thoughts; encourage them to build on other people's ideas.
- Record the ideas generated during brainstorming; use either the chalkboard or newsprint and marking pens.
- Accept all contributions without judgment, but if teens use racial/ethnic slurs or profanity, rephrase those comments as you record them.

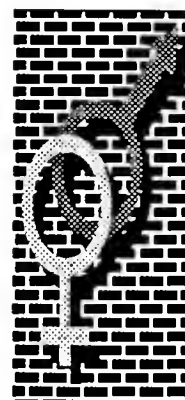
I've never used role playing with teens. How do I do it?

Role play is used extensively in this curriculum as a way of helping teens to become more aware of their behavior and as a way of letting them practice new behaviors. However, role plays, especially role plays of uncomfortable situations, can easily get out of hand. To prevent this, establish firm rules:

- The role play must stop when the facilitator calls, "Cut!" or "Freeze!"
- No one can use profanity.

How do I evaluate teens in such an open-ended curriculum?

Teachers have felt most comfortable evaluating their teens using the following criteria: level of participation in class discussions, completion of homework assignments, evidence of careful thought about the ideas raised in class discussions and homework, and retention of vocabulary and statistical information, which can be determined by the pre and post tests. Teens should understand that it is the ability to say why they hold a particular opinion that is being evaluated, not the opinion itself.

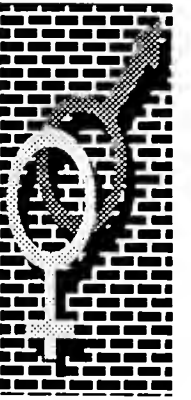


In addition, you may find it helpful to ask teens to keep journals in which to record notes about each session, as well as thoughts about and responses to the content of sessions.

Other Tips

Leader participation is key to a successful group session. Familiarity with the content and comfort with the subject are essential. Sessions need to be open, learning opportunities where teens can express any thoughts, fears, or questions without judgment and with the expectation that peers and facilitators, alike, will hear, consider, and explore opinions and respond to concerns.

Facilitators also need to familiarize themselves with the language, especially regarding sexuality. If anything is uncomfortable PRACTICE! Teens will know if you don't feel comfortable with the topics and this can create distrust or inhibit the group support process.





INTRODUCTION

This introductory session is designed to allow the teens the opportunity to get to know each other and begin building a comfort level when discussing issues of sexuality.

Before beginning the following activity and throughout the curriculum; always stress that teens should share only what they are comfortable sharing. The facilitator should provide a “safe” place for teens to express their opinions openly and honestly.

The introductory activity can be used as an ice breaker for other sections, if the curriculum is not being implemented as a series. Ice breakers help teens and facilitators get acquainted, as well as facilitate a more comfortable atmosphere among the teens.

A tip on leading games and ice breakers: practice first! Familiarity is essential to accurately give directions.

PREPARATION

1. Reproduce the Pretest and distribute it once you begin your session. The Pretest is to be used for evaluation if this curriculum is being implemented as a continuing series.
2. Reproduce Handout #1 (Find Someone Who).
3. You may need extra pens for teens who did not bring their own.

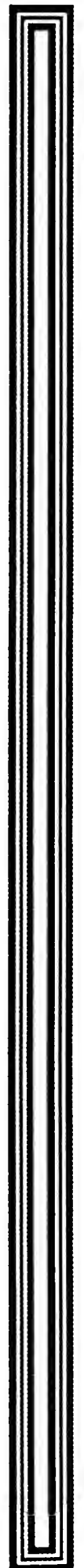
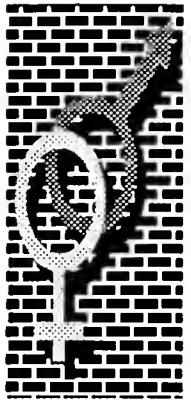
PROCEDURE

Set the ground rules for this session. The ground rules are to be decided upon by the facilitator and members of the group. Some examples of good ground rules for this activity are:

- No laughing at peers
- Ask only one question to one person
- Stress confidentiality

Set a time limit for the activity. Usually 5-15 min. is sufficient for a group of up to 25 teens.

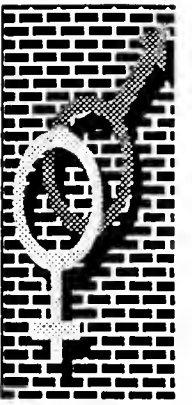
Have the teens follow the instructions on the worksheet. When the agreed upon time is up, discuss their reactions to the activity.



Discussion Questions:

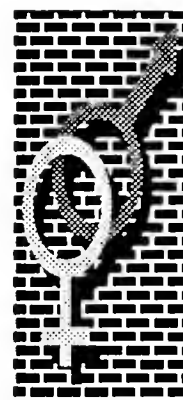
- a. Which question/s was most uncomfortable to ask?
- b. Which questions were unclear?
- c. What do you think was the purpose of this activity?

Feel free to allow the group to continue the flow of discussion. This is an exercise for the teens to get acquainted as well start an open discussion on sexuality.



I

SEXUALITY: WHAT IS IT?



OVERVIEW

Section I is designed to help teens understand the concepts of sexuality versus sex. The word “sexuality” may trigger the definition sexual intercourse to some people. In reality, intercourse is a small part of what sexuality is.

This section also covers issues related to sexual orientation. Teens may need to explore feelings, religious and cultural values when discussing this topic. It is not acceptable to allow teens to be disrespectful of their peers, or participate in prejudiced name calling when discussing this topic.

ACTIVITIES

TIME LIMIT

Web Chart	15-20 min.
Summarize Web Chart	10 min.
Definition of Terms	15-20 min.
Group Challenge	15-20 min.
Myths	20-30 min.

OBJECTIVES

1. Teens will explore their definitions of sexuality and understand that sexuality is more than “sex”.
2. Teens will be given a list of correct definitions for terms related to sexuality.
3. Teens will explore their values and feelings on issues of sexuality.
4. Teens will discuss and realize some of the stereotypes and myths associated with sexuality.

PREPARATION

1. Reproduce Handout #2 (Definition of Sexuality), Handout #3 (Definition of Terms), and Handout #4 (Myths of Sexuality).
2. Review material in the section.
3. Have newsprint ready to record the teens’ responses to the brainstorm.

PROCEDURE

1. DEVELOP A WEB CHART (15-20 min.)

Have teens brainstorm a list of words that come to mind when hearing the word “sexuality”. Record these on newsprint or the chalk board. You will need to refer to this list throughout the activity.

Next:

- Write the teens’ one word suggestions on the board, drawing lines to connect them either to the central concept or to the previous suggestions that have already been recorded.
- Ask the teens to state whether they think a particular suggestion is linked directly to the concept of sexuality or to a previously recorded suggestion, and ask them to explain their answers.
- Record all responses without judging them. However, you will probably want to substitute generic terms for overly descriptive contributions.
- Limit the web chart to thirty items. Fifteen minutes should be sufficient for this activity.

2. SUMMARIZE THE WEB CHART (10 minutes)

Discuss the web chart. Share all ideas and discuss how each word does or does not reflect sexuality. Make sure the group includes issues such as body type, sex roles, family roles, relationships and physical reproduction.

3. DEFINITION OF TERMS (15-20 min.)

Discuss the term “sexuality”. Have the group decide on some definitions.

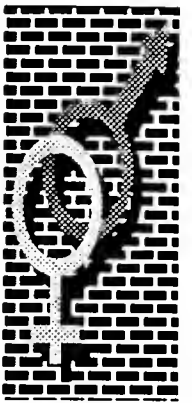
Read and distribute (HANDOUTS #2 and #3). Discuss the definitions on the handouts, and how they might differ from the group’s definition.

Discuss where our definition of sexuality comes from and what messages we get from parents, peers, the media, our schools and any other important segments of society.

4. GROUP CHALLENGE (15-20 min.)

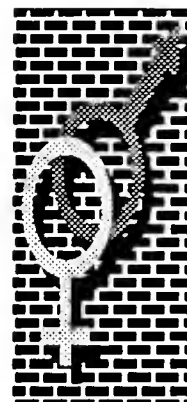
Divide the teens into small groups not to exceed 5 people each. Give each group one the following scenarios and tell them to discuss their reactions and/or feelings to the situation.

Have each group elect a reporter to explain to the whole body the main points of their small group discussion.



Scenarios

- a. What would you do if your best friend told you she was pregnant?
- b. What would do if a friend told you he was homosexual?
- c. What would you do if your friend told you he/she was a virgin?
- d. What would you do if you found out you were HIV positive?
- e. What would you do if your 13 year old sister told you she likes looking at other girl's bodies?
- f. What would you do if your brother said he had sex with your friend?



Discussion Questions:

- a. Was anyone uncomfortable discussing their scenario? Why/Why not?
- b. Have any of your views on sexuality changed as a result of this activity?

Feel free to develop additional scenarios that may be more applicable to your group.

5. MYTHS AND SEXUALITY (15-20 min.)

Hand teens the Sexuality Myth sheet (HANDOUT #4). Have teens read and answer the sheet individually first.

Then discuss the sheet as a group. You may want to note in your discussion that most people experience some anxiety with regard to their sexuality, especially during puberty. Stress that sensitivity to and respect for the differences in people is a good thing and that differences are not to be feared but embraced.



II FOSTERING SELF-ESTEEM

OVERVIEW

Among the many factors that motivate adolescents to make good decisions is their sense of self; their self esteem. More often teens with a healthy sense of themselves are more likely to have goals for the future, and may take steps to not engage themselves in risk taking behavior. Teens with a positive sense of self also see that they are responsible for the decisions and choices they make.

This section identifies four components of self-esteem: uniqueness, power, body images, and physical development. Teens need to appreciate that they are special. They need to identify their strong points, abilities, and talents. They also need positive reinforcement of these things so they feel confident when making decisions.

ACTIVITIES

TIME LIMIT

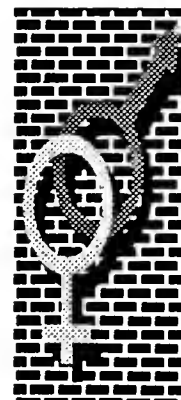
Expressing Uniqueness	15-20 min.
Expressing Power	30-45 min.
Body Images	30-45 min.
Social/Emotional Development	20-30 min.

OBJECTIVES

1. Teens will realize that they each have special qualities unique to only themselves.
2. Teens will realize that power can be expressed in a variety of ways, and that their peers are a source of power as well.
3. Teens will understand how some behaviors can enhance or diminish power.
4. Teens will understand that normal changes occur during puberty, and realize how these changes may affect their self esteem.
5. Teens will recognize that independence and assertiveness are normal for adolescent development.

PREPARATION

1. You may need paper and pens for teens who do not have their own.
2. Prepare resource materials if applicable.
3. You will need newsprint for these activities.
4. Review the mini-lecture on puberty before beginning the activity.



PROCEDURE

1. EXPRESSING UNIQUENESS (15-20 min.)

Have teens think about one thing they do really well. Some teens may need affirmation that they have special qualities. Help them discover their uniqueness.

Go around the room and have teens express aloud what he/ she does well using an "I" statement. For example "I play the clarinet very well."

Write the following statements on the blackboard or newsprint, and have teens write them and their responses on a sheet of paper.

One thing that I can do that makes me special is _____.

My family is unique because _____

I feel good about myself when _____

I am proud of my culture because _____

Have the teens now break into small groups of no more than 5, and share their responses with each other.

Discussion Questions:

- What did you learn from the other teens?
- Did anyone have the same responses?
- What makes a person unique?

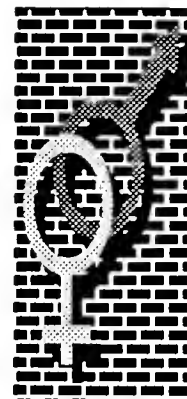
2. EXPRESSING POWER (30-45 min.)

It is important that teens feel that they have some power over their lives. This sense of control helps to facilitate their decision making processes.

Brainstorm with the group: What is power?

You may want to develop a web chart as described in Section I, or simply write the teens responses on the board or newsprint. Discuss the teens responses to the brainstorming session.

Now have the teens form small groups of no more than 5. They should spend 10-15 minutes discussing who has the power within their group of friends. The teens should designate one person from their small group to report back to the large group.



Discussion Questions:

- a. How did the group decide who would report?
- b. Who decides what the group does?
- c. Where the group goes?
- d. What is acceptable/unacceptable behavior?
- e. How do you feel about your personal power and your ability to influence your friends?
- f. Are you satisfied with your sense of power?
- g. What would you change?
- h. How would you change?

Role Play:

Invite the teens to participate in the following role plays. Teens can increase their own sense of power by role-playing and by understanding how behaviors can enhance or diminish power.

- a. A mother is telling her 14 year old daughter that she cannot go to the game until she finishes her homework.
- b. A teen tells his dad that he is no longer a virgin, and needs money for condoms. The dad responds.
- c. Three friends are deciding how they will spend Friday night. They are at their last class period at school on Friday afternoon.
- d. A girl and guy are on a date. The girl wants to kiss the boy.

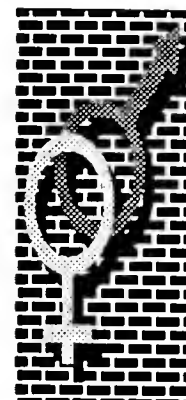
Discussion Questions:

- a. Who has clear power in each scenario?
- b. Can there be other possible outcomes besides what was acted out?
- c. Which people were able to gain a sense of power as a result of acting out the scenarios?

3. BODY IMAGE (30-45 min.)

Physical changes that teens experience during puberty are often a source of confusion. This confusion may affect their self image. It is important for you to affirm that all adolescents go through a period of change; puberty. Also affirm that it is normal to feel awkward and confused at times. It is important to be sensitive to the teens needs.

Write the word "BOYS" on one side of the board or newsprint and the word "GIRLS" on the opposite side in columns format. Have the teens brainstorm some changes during puberty for boys and girls. Make sure you are able to fill in the gaps. Use the following facilitation guide to lead a mini-lecture on puberty and physical changes. It is important that you have a clear understanding of both male and female physical changes.



Facilitation Guide: Puberty

Boys

A boys testes and scrotum begin to develop between the ages of 10 and 13; this development is usually the first sign of puberty for boys. The skin of the scrotum reddens and wrinkles; testosterone production and sperm development begin; pubic hair appears as a result of the production of testosterone in the testes.

About a year later, boys begin a rapid growth spurt. At the same time, the penis grows. Underarm and facial hair appear on average 2 years after pubic hair. Some boys experience a slight swelling of their breast; this usually goes away after the hormones become balanced.

By age 16-18 most males have completed puberty. This is evident because:

- Shoulders have broadened.
- Limbs and trunk are muscular.
- Body growth slows down.
- Sperm production is well established.
- Body hair is established and continues to grow.

Girls

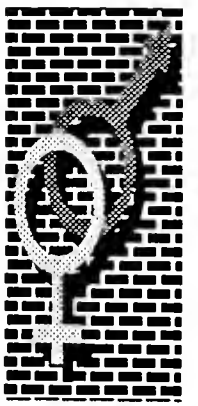
Girls begin a period of rapid growth usually between the ages of 8 and 13. The pituitary gland signals the ovaries to start the production of estrogen which triggers the growth spurt. Heads, hands, and feet are the first parts of the body to reach their mature size. Girls are often worried about the size of their feet and should be assured that the rest of their body will catch up soon. Girls lose less of their body fat than boys, resulting in a rounder appearance.

Breasts start to develop soon after the growth spurt begins and gradually fill out over a period of 3 to 4 years. Development begins with the swelling of the nipples; breasts may feel tender and sensitive. Sometimes the nipples secrete a small amount of milky fluid.

Hips begin to fill out and the rest of the body becomes more rounded and curved. Pubic hair appears soon after breast development begins. Finally, menstruation begins (see Section VII: Reproductive Healthcare for mini-lecture on menstruation if you wish to present that here).

By the age of 15-17 most young women have completed the following changes of puberty:

- Hips and pelvis have widened.
- Breasts have filled out, body is rounded and curved.
- Growth slows down.
- Body hair is established.
- The menstrual cycle is established.



In both boys and girls, the voice changes during puberty. Sweat glands become more active, especially under the arms. The perspiration itself is odorless, but bacteria on the skin may cause odors. Most odor can be taken care of by daily washing and the use of deodorants.

Most teens have acne at some time during puberty. Acne appears on parts of the body where there are a lot of sweat glands. Acne occurs when sweat glands are blocked by plugs of oil secretions. Acne can have a negative effect on a teens' body image and self-esteem.

Acne can be controlled by:

- Washing frequently with hot water and soap.
- Eating a well balanced diet with fruits and vegetables.
- Exercising to stimulate blood circulation to the skin.
- Avoid squeezing pimples because the skin may be bruised and damaged by squeezing.

For many young teens, puberty is a time of poor body image. Boys are often concerned about being short or skinny. Girls often worry about breast development.

Increased production of hormones during puberty prompts sexual thoughts and daydreams in many teens. Both boys and girls experience a sense of heightened sexual attraction. Affirm that this is normal. It is also normal to be confused by these feelings.

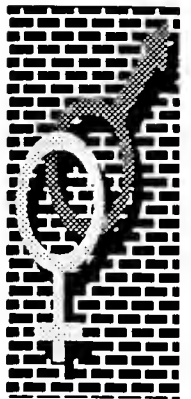
Release of semen by boys during sleep, called nocturnal emission or "wet dreams" is common during puberty.

Discussion questions:

- a. What do you like /dislike about your body?
- b. Why do we sometimes focus on the parts of our body that we dislike rather than those we like?
- c. What can you change that you do not like?

4. SOCIAL/EMOTIONAL DEVELOPMENT (20-30 min.)

The physical changes that teens go through during puberty are accompanied by emotional changes and new social skills. Increased feelings of independence are a normal part of adolescent development. Young people begin to depend on their peer group for approval and recognition. Relationships with adults may become difficult as teens try to assert their independence.



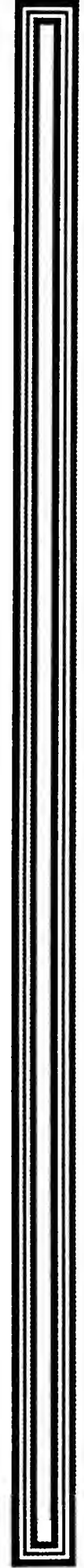
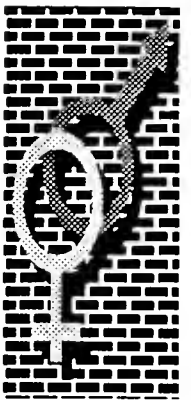
Role Play:

Have the teens role play these scenarios that might be encountered during adolescence:

- a. José and Andre (eighth graders) are in the locker room with other guys. Andre asks José if he's done it with Stacy yet. José says no he is not ready. Andre teases José and calls him a punk.
- b. Erica and Keisha are good friends. Erica wants to tell Keisha that she has been fantasizing about other girls in the class. She is afraid Keisha will think she is weird.
- c. Tonya's mother tells her everyday that "all boys are bad and they only want one thing." Mike asks Tonya to go to the football game on Saturday afternoon. Tonya likes Mike, but is unsure of how to get permission from her mom.
- d. Larry is 14 but he hangs around a group of girls who are 12. The other boys call him names like fool, and punk.
- e. Shante is 16 and just got her license. She takes her mom's car for a drive to show off to her new friends without her mom's permission. One friend who does not have her license asks to drive Shante's mom's car.
- f. Daniella is 11 and the only girl in her class who wears a bra. The boys in her class call her names like "freak and fast".

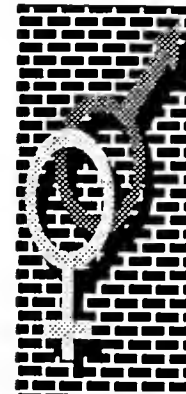
Discussion Questions:

- a. How do you think each character feels?
- b. How would you respond?
- c. Could there be different responses than those presented?
- d. Were the responses in the role plays appropriate for the scenarios presented?



III

WHAT ARE VALUES?



OVERVIEW

This section introduces the concept of values: what they are and what shapes them. A value is a personal belief and is one of the components of the decision-making process. Values clarification is a process of evaluation and definition that translates personal beliefs into actions.

This section is designed to help teens examine their thoughts and feelings as well as get a concrete picture of their own beliefs on issues concerning sexuality. Many of the concepts and activities introduced in this session may be used as icebreaker activities for other sections of this curriculum.

ACTIVITIES

TIME LIMIT

What is a Value?	15-20 min.
Values Voting	20-30 min.
Ranking Values	15-20 min.
Values and Peer Pressure	20-30 min.
Family and Cultural Values	15-20 min.
New World	30-45 min.

OBJECTIVES

1. Teens will be able to express their opinions in a non-threatening environment.
2. Teens will understand the concept of values, and how their own values are shaped.
3. Teens will understand the importance of acting within one's own value system.
4. Teens will increase their awareness of cultural and community values.

PREPARATION

1. Set Ground Rules. Some examples may be:
 - Confidentiality
 - Be respectful of others
 - No putdowns
 - No pressure to talk
2. You will need two 8.5 x 11" cards with AGREE on one card and DISAGREE on the other card. You will also need these cards for other activities throughout the curriculum.
3. You should cut the values into strips from Handout #5 for the Rank Your Values exercise before the session begins. Remember each teen needs an envelope with a

- set of value strips, so you will need to reproduce the sheet before cutting into strips. Also each teen will need a blank piece of paper and scotch tape.
4. Reproduce Handout #6 (Family and Cultural Values), and Handout #7 (New World).

PROCEDURE

1. WHAT IS A VALUE? (15-20 min.)

Ask the group to define a value. List answers on chart paper and decide upon the definition of value.

Discuss the following definition:

Values are principles or beliefs considered inherently worthwhile or desirable. Values must be chosen freely. Values should be acted upon, demonstrated actively or publicly more than once.

Discussion Questions:

- a. Do males have different values than females?
- b. Have the group come up with two lists: one of "female" values and one of "male" values. Discuss what differences there are in the lists and why.

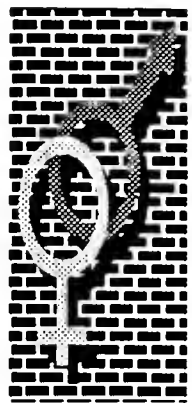
2. VALUES VOTING (20-30min.)

Put 8.5 x 11 cards at opposite ends of the room. One side of the room is designated as "AGREE" and another side is designated as "DISAGREE".

Explain to teens that you will be reading a statement to them and they are to choose, without following their friends, which side of the room to stand on.

Read each statement and encourage the teens to quickly move to the AGREE or DIS-AGREE side of the room. Allow teens from each side to offer their reasons for choosing their place. This exercise may emphasize differences and it is important that all group members understand that you celebrate differences.

When all statements have been read everyone can return to their seats.



Statements :

- a. Men should be able to cry.
- b. Women should have equal rights.
- c. Teens should be able to get birth control without their parents' consent.
- d. It's OK to be gay.
- e. Testing for HIV infection should be routine.
- f. Everyone who is HIV+ should have to go live on a deserted island.
- g. All people should be heterosexual.
- h. Gay people should be able to adopt children.
- i. If a couple gets pregnant when they are in high school, they should go ahead and have the baby.
- j. You shouldn't have sex until you are married.
- k. Sex is only ok if you love your partner.

You may add to this list other value statements that might be appropriate for your particular audience.

Discussion Questions:

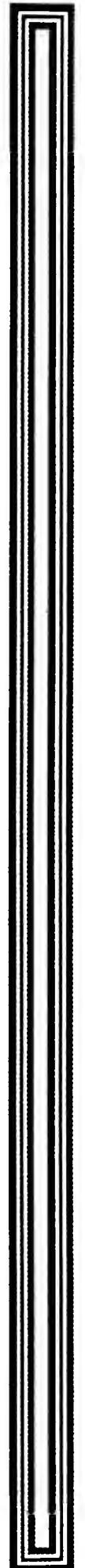
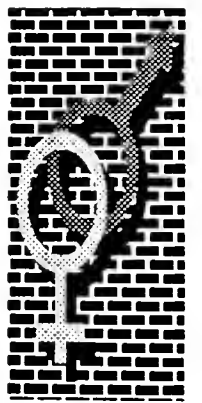
- a. What made it easy to pick a side?
- b. What made it hard to pick a side?
- c. Why did people want to stand in the middle?
- d. Would your parents have chosen differently?
- e. Share one topic that you and your parents might have different feelings on and why.

2. RANK YOUR VALUES (20-30 min.)

Give each teen an envelope with the value strips. Be sure that each teen has a set of value strips and a blank piece of paper. Tell teens that one way to find out what you value is to be forced to decide between things, selecting the one that is most important, the one that is second most important, and so on. Have each teen sit at a table, or floor space, large enough to lay out all the value statements.

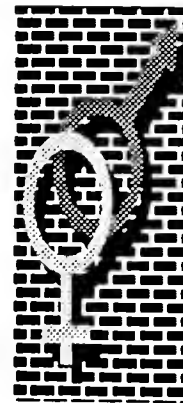
Tell the teens to look over the statements carefully and to move them around until they have a list with their most important value at the top and their least important value at the bottom.

Caution them to work slowly and think carefully about each statement. They may change the order of the statements if they change their minds. The ranking should show how they really feel about the statements. When the teens finish ranking the statements, they should tape them in their final order to a piece of paper.



Discussion Questions :

- Was it easiest to choose the “most important” value or the “least important” value? Why?
- Are there values on the list that you have never really thought about before? Which?
- Were you surprised by your feelings about any particular value?
- Would you be willing to share your completed values list with a close friend? A boyfriend or girlfriend? A parent? Why or why not?



3. VALUES AND PEER PRESSURE (20-30 min.)

Peers influence one another and often apply pressure to make other teens conform to their behavior. Impress upon the teens the importance of acting within one's own value system.

Group dynamics often determine how much influence a peer has over the others. Break the teens into groups of no more than 5. Have them read and discuss the following scenario within their group:

Keisha and John are 16 and lately have been talking about “doin’ it”. Their friends keep telling them that to prove their love for each other, they should have sex. Both are reluctant but they want to be like the rest of their friends, who they think are doing it. Keisha and John have sex and Keisha becomes pregnant.

Discussion Questions:

- What factors affected the situation?
- How could they have used their peers to their advantage?
- What might be some of Keisha's and John values in their reluctance to have sex?

4. FAMILY AND CULTURAL VALUES (15-20 min.)

Ask teens to think of the things that make up their individual communities. Write these on the board or newsprint.

Give teens Handout #6 (Family and Cultural Values). They are to work on the exercise alone. Explain that everyone has different values, and that they may be influenced by outside factors, (e.g. family or community).

Discussion Questions:

- What are some things everyone had in common?
- What do families share?
- Why is it important to share values from our cultural communities?





5. NEW WORLD (30-45 min.)

Pass out Handout #7 (New World). Teens should individually complete the worksheet for 10 minutes and then come together as a group to discuss.

Ask teens to close their eyes. Tell them that they have the power to start a new world on another planet. They have been assigned the task of picking 10, and only 10, people to relocate to the large space station which is traveling to Mars. They will have the responsibility of choosing who will develop, lead, and explore the new community. Once these people have started on their journey, there is no turning back. They must go forward to begin life in the new world.

When the introduction has been given to the teens, they may open their eyes and begin their selection. Explain that because they have been entrusted with this task; they must work alone.

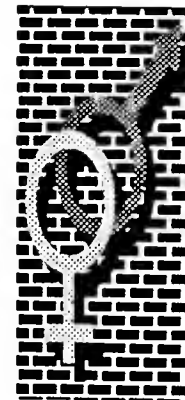
Allow about 5 minutes for the teens to make their selections. At the end of the allotted time, break the teens into groups of no more than 5. Ask each group to make a new list of people; this time everyone must be in agreement. Make sure that teens understand that they may need to examine and offer an explanation regarding their choices. Assign one person in each group to record the new list on newsprint.

When groups have reached a consensus, have one group member from each group post and present their list.

Once all the lists have been posted, the facilitator should discuss the selections with the entire group.

Discussion Questions:

- a. Are there any similarities in the group lists?
- b. What are they?
- c. Why do you think this happened?
- d. Did anyone make a change from his/her personal list to the group list and not feel satisfied with the compromise?
- e. What do people give to a community?
- f. What does a community give to the people?
- g. Do the people selected satisfy the community needs? Why or why not?
- h. How did your personal values influence your choices?
- i. What did you learn about yourself and other teens from this exercise?





IV COMMUNICATION SKILLS

OVERVIEW

This section concentrates on communication skills. Teens recognize that the communication of wants and needs is often difficult as they explore levels of communication. This section lays the groundwork for positive communication. Facilitators should have teens try to consistently use "I" messages in this and all following sections.

The group examines and learns "I" messages as one tool for positive and non-threatening communication. Facilitators should ask the members to explain their wants and needs in "I" message form, to develop and reinforce this skill from now through the remainder of the program.

Be aware that the "I" messages may evoke angry or hurt feelings which group members need to express. Facilitators should be ready to help group members discuss these feelings.

ACTIVITIES

TIME LIMIT

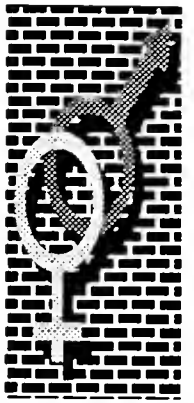
Levels of Communication	15-25 min.
"I" messages	10-15 min.
The Three A's	45-60 min.
Stacy and Andre	20-30 min.

OBJECTIVES

1. Teens will gain the necessary skills to incorporate "I" messages into their lives.
2. Teens will understand the different levels of communication.
3. Teens will practice assertiveness as a tool of positive communication.

PREPARATION

1. Review mini lectures on the levels of communication, "I" messages and the Three A's. You may want to reproduce the lectures so that teens will have resource material.
2. Reproduce Handout #8 (The Three A's).
3. Prepare chart on levels of communication.
4. You will need newsprint or a chalk board for recording the groups' response to the activities.



PROCEDURE

1. LEVELS OF COMMUNICATION (15-25 min.)

During adolescence feelings are complicated; some personal feelings are hard to communicate: fear, jealousy, anger. One of the keys to getting along with others is being able to communicate positively instead of negatively.

Post your prepared chart of the levels of communication on the wall.

Using the chart, present the following four levels as a mini lecture, asking teens for examples:

Level 1

Information: Sharing basic information. No self-disclosure.

Level 2

Directive or Argumentative: Lots of fights at this level. May be accusatory - YOU did this, you did that. People who communicate only at level two often argue, because one is accusing and the other is defending. For example: "I saw you with Carlos, you #*@!" instead of level four "I love you and I feel hurt when I see you looking at other guys."

Level 3

Exploratory: Asking questions. Getting personal information without revealing or disclosing same or similar information about self.

Level 4

Self-Disclosing: This is the hardest level at which to communicate. No one wants to be at this level all the time. It is too exhausting. But it is often the most productive because it tells us what we are really facing. Example: "I really care about you. The best part of my day is when I see you." The keys to level four communication are:

Listen to each other. Check to make sure you understand the other's position. Repeat it back; "Is that what you're saying?" Identify each person's position. Explore alternatives/possible solutions, negotiate.

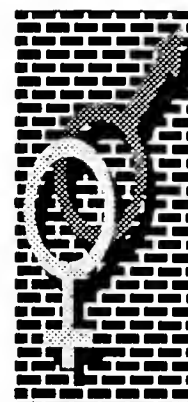
Ask teens for examples of each of the levels of communication.

2. "I" MESSAGES (10-15 min.)

Present the following mini-lecture on "I" messages to the teens. Discuss any questions that might arise.

Mini-Lecture

"I" messages allow teens to take responsibility for their feelings without blaming the



person they are speaking with. When you blame someone, you put them on the defensive and that's when arguments or disagreements occur.

"I" messages do four things:

- Require the speaker to be the focus of attention (i.e. "take responsibility for" the feeling and the communication).
- Identify the behavior that causes the problem.
- Name the feeling that is the result (and the problem).
- Suggest a positive change in a non-threatening manner.

Read aloud the following statements. Have the teens respond with a positive "I" message.

EXAMPLE:

RESTATEMENT:

- | | |
|--|---------------------------------------|
| a. You never call. | a. I feel lonely when you don't call. |
| b. You're always late. | |
| c. That's a stupid idea | |
| d. Nobody in this place cares about me. | |
| e. You always ignore me when we go out. | |
| f. Don't yell at me! | |
| g. You shouldn't go out with him tonight. | |
| h. You probably won't have the time, but I need help with my homework. | |

3. THE THREE A'S (45-60 min.)

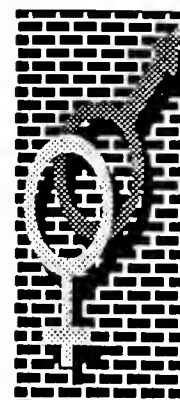
Good communication requires assertive statements and congruent body language rather than aggressive or passive behavior. Teens must say what they want assertively and back it up with clear body language. If no is to mean no, it must be stated clearly without any suggestion that it means yes or maybe.

Good communication skills help us handle situations clearly throughout our lives. Communicating effectively makes our relationships with parents, partners, friends, and co-workers easier and more productive.

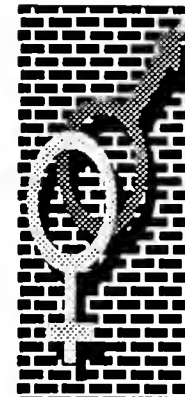
Present Mini-lecture on the Three A's (Assertive, Aggressive and Non-Assertive Behavior). Give teens Handout #8 (The Three A's) to use as a guide for this lecture.

Mini-lecture

Clear communication comes from expressing your personal thoughts, feelings, wants and needs in a manner that is respectful both of you and of the person with whom you are speaking. The words assertive, aggressive and non assertive are often used to describe common methods of communicating.



Assertive-behavior includes non-verbal characteristics such as direct eye contact, a relaxed and open posture, and appropriate gestures like a wave or a "pat on the back or arm." All of these non-verbal cues encourage open lines of communication between the people speaking. Assertive behavior takes ownership of personal thoughts, feelings and desires through "I" statements. Above all, assertive behavior demands that the speaker choose his/her words wisely so as not to intimidate or threaten others' personal rights.



Aggressive-communication styles may involve the use of put downs, interruptions, name calling and bullying. The speaker's body may be tense with body movements sharp and threatening. Some examples of inappropriate gestures are fist shaking, foot stomping, shoving, or finger pointing. Aggressive techniques include using "Your" or other blaming statements. A person communicating aggressively may get what he or she wants, but will not have the respect of others because the goal was reached by violating the rights of others.

Non-Assertive-behaviors may seem appropriate at the time, but often leave the speaker with suppressed anger or hurt feelings. The speaker fails to acknowledge his or her own personal thoughts or needs by "overlooking" them in order to avoid confrontation. Non-assertive communication may involve little or no eye contact because the speaker is focusing on the ground. It may be hard to hear because the speaker talks softly. He or she may lean against a wall or chair instead of standing upright. The non-assertive communicator may get his or her way, but at great expense to his or her own personal rights.

Assertive communication takes practice. Not many of us get it right the first time. Remember, if you take ownership of your words, and show respect for others, the channels to communication will remain open.

Role Play:

Divide the group into three. Assign each group a role play.

Explain that they must develop a skit and present it to the others. Not everyone will be able to be an actor, but everyone is expected to contribute ideas to the skit.

Set a time limit of no more than 30 minutes for the development and presentation of the role plays.

Scenarios:

- a. A young woman spent 2 hours Friday evening getting ready to go to the school dance. Her date never picked her up. Later she heard he went with someone else. It is Monday and she sees her date for the first time in the cafeteria.
- b. Your girlfriend has said she doesn't feel like going to a teen club with you. You decide to go without her and later on see her there with her girlfriends. What happens?
- c. You are a couple. You have been seen together in public for about a month. It's Friday night and you are at his house. How will the evening develop?

Discussion Questions:

- a. Was the interpretation realistic? Why or why not?
- b. What levels of communication did you see?
- c. Where was assertive communication expressed?
- d. For actors: How did you feel in your roles?
- e. For audience: Do you want to add or change anything about the actor's roles?
- f. For all: How do you feel about the role plays?

4. STACY AND ANDRE (20-30 min.)

Read the story of Stacy and Andre aloud to the group of teens.

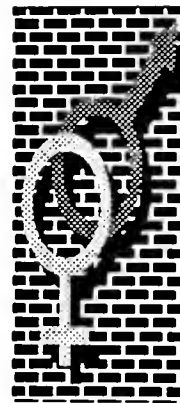
Stacy and Andre

Stacy is 16. She met Andre, who is 19, at a club two months ago, and they became friends. They spend a lot of time talking on the phone, and have gone to a couple of movies together on the weekends.

Recently, Andre has begun to show an interest in sex. They discuss this and Stacy tells him that although she is not a virgin, she does not want them to have that kind of relationship at this time. Andre says that he understands, and for a while things are fine between them.

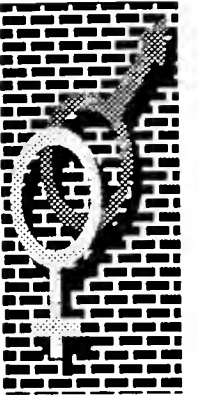
Andre invites Stacy to his house to watch some movies that he has rented. After making sure that they would not be home alone, Stacy agrees to come over. She meets Andre's parents and his sister as they grab popcorn and sodas and head to the basement to watch movies.

Twenty minutes into the first movie, Andre puts his arm around Stacy's shoulder. She looks at him with a frown, but he appears to be concentrating on the screen. Several minutes later he kisses her. She kisses him back even though she is not ready for that. Stacy moves to the other side of the sofa. Ten minutes later, Stacy is shocked when Andre leaps across the sofa and lands on top of her.



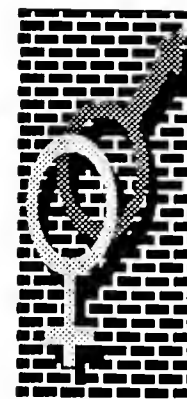
Discussion Questions:

- a. What is the problem?
- b. What was each of the characters communicating?
- c. What styles of communication were shown in the story? By whom?



V

MAKING HEALTHY SEXUALITY DECISIONS



OVERVIEW

Teens often have to make decisions that they are ill-equipped to make. Adults sometimes assume that teens have the necessary information to make healthy decisions. However, teens need more than factual information to make healthy sexuality decisions.

This section introduces decision-making. Teens learn that people make decisions every day and that there is a process for making an informed decision.

ACTIVITIES

TIME LIMIT

My Future	15-25 min.
Decision Making Process	15-25 min.
Who's Responsible?	20-30 min.
Why Do Teens Have Sex?	10-15 min.

OBJECTIVES

1. Teens will recognize that there is a process for making an informed decision.
2. Teens will realize that the decisions they make today may affect their future goals.
3. Teens will examine reasons why a teenager decides to have intercourse and evaluate the validity of those reasons for their personal life situations.

PREPARATION

1. You will need newsprint to record the teens' responses to the activities.
2. You may also need extra paper and pens for teens who do not have their own.
3. Prepare the adjustments to the future slips before starting the activity.
4. Review section on the decision making process.

PROCEDURE

1. MY FUTURE (20-30 min.)

Discuss the concept of goal setting: deciding what you want to do and in what time frame. This activity is designed to help teens make decisions about long term goals.

Ask each teen to draw a picture representing three accomplishments they would like to achieve between the present and age 30.

Allow each member to present his/her goals to the group.

Mention that everyone needs to be prepared for the unexpected in the future, because things do not always proceed according to plans.

Attach a slip of paper with one of the following adjustments to future plans to each drawing. Ask the teens how these situations would change the goals they have set.

Adjustments to Future Plans:

- a. You graduated from high school.
- b. You dropped out of school.
- c. You did not go to college.
- d. You ran away from home.
- e. You were arrested for selling drugs.
- f. You never got married.
- g. You got pregnant.
- h. You are a single parent.
- i. You won the lottery for \$2 million.
- j. You lost your job.
- k. You tested positive for HIV at age 15.

Have the group discuss the feelings they have about the adjustments to their future.

Discussion Questions:

- a. What do people consider when setting future goals?
- b. Do teens usually set goals that are based on reality or fantasy?
- c. How flexible are most people when things do not go as planned?

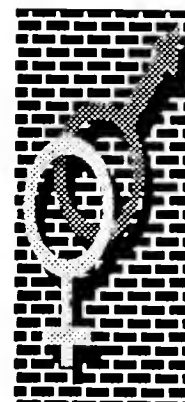
2. DECISION MAKING PROCESS (15-25 min.)

Explain that in this model decision-making is a step by step process.

Ask each group member to think of a decision that he/she will need to make in the next few days. This can be as simple as deciding whether or not to have breakfast in the morning or as difficult as breaking up with a boy/girl friend.

Decision-Making Guide:

If there are not any questions from the group members, ask them to begin the process, with their own decision. This may be done in pairs.





Step 1:

Define the problem to be solved in a few sentences. Define it in personal terms such as: How do I...? Should I...? What will I...?

Step 2:

What are 3 personal values, or values of others, that might influence your decision about this problem?

Step 3:

Educate yourself. Gather information related to the problem. Identify at least three (3) possible solutions or alternatives.

Step 4:

Consider the positive and negative aspects of each of the above alternatives. What is the best thing that could happen? What is the worst thing that could happen?

Step 5:

Compare all the alternatives and identify your choices. Discuss what might be the best choice. Remember everyone in your group might not agree.

Step 6:

Design a plan to carry out this decision. List steps that need to be taken. Identify ways of handling obstacles.

When the exercise is complete, ask each person to share with the group his/her decision and solution.

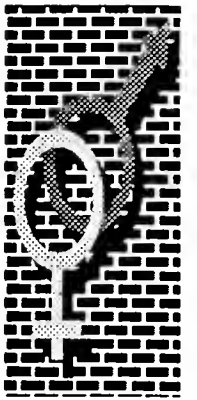
3. WHO'S RESPONSIBLE? (20-30 min.)

This is an excellent activity for helping teens to determine their own values and priorities. It is also good for discussing group process, peer pressure (e.g. did anyone change his/her mind in the group?) factors in decision-making, values of others, (e.g. would the order change if parents, teachers, doctors were ranking the same test?).

Read the story to teens and have them jot down the names of each character.

After the story is over, have the teens individually rank in order who they feel is responsible for the pregnancy. The list should include Stacy, Andre, Keisha, teacher, doctor, and mother.

When this exercise is complete, ask each person to share with the group his/her decision and solution.





Divide the teens into small groups and have them attempt to reach a consensus of opinion; that is, everyone in the small group agrees on the order of responsibility.

Share and discuss small group answers in the large group.

Who's Responsible

Stacy is 15 years old and has been dating Andre, who is 19, for several months. Andre is beginning to pressure Stacy to have sex with him. Stacy really likes Andre and even though she feels she is not ready for sex she gives in to him. That month Stacy's period is two weeks late. After sweating it out, her period finally comes. She decides not to take any more chances and decides to get some birth control.

Her first thought is to ask her friend, Keisha, for help. Keisha explains that she has been having sex for 6 months without protection and she has not gotten pregnant. Besides who knows what that birth control stuff will do to your body.

Disappointed and shocked by Keisha's response, Stacy next approaches her favorite teacher for help. The teacher says he is not allowed to discuss contraception with teens because it is against the school board policy.

Stacy then gets up her nerve to see her family doctor. He says he'll be glad to prescribe pills for her. All she needs is her mother's permission and he'll examine her and give her the prescription.

Feeling desperate, Stacy decides she must discuss the situation with her mother even though her mother has never been easy to talk to about sex or dating. Stacy approaches her mother, at the most hectic time of the morning, to talk about the subject. Her mother tells her she is too busy to talk right now - maybe later.

Three months later, Stacy is pregnant. Who is responsible?

4. WHY DO TEENS HAVE SEX? (15-20 min.)

It is important to fully develop a list of reasons why people have intercourse and discuss each reason as appropriate or inappropriate for teens at this point in their lives. While many reasons can be given for intercourse in different life situations, facilitators must explore whether each reason is valid for a teen in high school. Expect much discussion and disagreement among group members. Remind them that differences in opinion are not bad and we celebrate both differences and similarities. Ask the teens to consider at what point they are now in their lives (e.g. school, job situation, living arrangements.)

Have the group brainstorm all of the reasons that they can think of for teens choosing to become sexually active. The facilitator should list these without comment.

Now ask them to decide as a group which of the given reasons are appropriate reasons to have sex. Which of these are inappropriate reasons to have sex at this time in life?





Discussion Questions:

- a. Why do you think many people don't think of these reasons before having sex?
- b. Are sexual decisions harder to make than other decisions? Why? Why not?
- c. Can you change a "yes" decision to a "no" decision? How hard is it?
- d. What pressures do you face when trying to make a change?



VI ABSTINENCE

OVERVIEW

Many teens are choosing abstinence as their number one method of birth control and for sexually transmitted disease prevention. Also many teens who had sex in their early teen years now wish they had waited until they were more ready for the responsibility of sexual intercourse.

This section is designed to give positive reinforcement for the choice of abstaining from sexual activity.

ACTIVITIES

TIME LIMIT

A Positive Choice	10-15 min.
Pressure Lines	15-20 min.
Sex and the Media	20-30 min.

OBJECTIVES

1. Teens will identify what abstinence means to them.
2. Teens will build skills of refusal and practice saying "NO".
3. Teens will recognize ways of showing caring in non sexual manners.
4. Teens will identify messages of sex in ad advertising.

PREPARATION

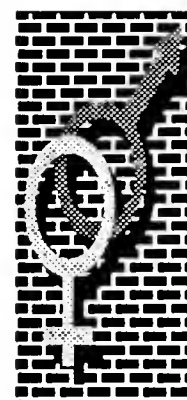
1. You will need newsprint or chalkboard available for responses to the activities.
2. You will also need copies of various magazines for the Sex and the Media activity.
3. Review material in the section so that you are comfortable with the activities.

PROCEDURE

1. A POSITIVE CHOICE (10-15 min.)

Have teens develop a definition of abstinence that can be agreed upon by the group.

Write the definition on the board. You will refer to the definition throughout the activity.





The following is a list of some reasons why people are delaying intercourse and practicing ABSTINENCE. Read the list and have teens decide for themselves which are good reasons to practice abstinence.

Have the teens share with the group any new reasons they can think of.

Abstinence is a Positive Choice because:

It is the only 100 percent effective method of birth control.

It greatly reduces the risk of contracting any sexually transmitted disease (STD) including HIV, the virus which can lead to AIDS.

It can reduce the risk of pelvic inflammatory disease (PID.) and cervical cancer in young women.

Many teens want to practice a religiously or morally acceptable method of birth control.

Some teens may be in a relationship but not ready to have sexual intercourse. Abstinence may be in line with their values and needs.

It allows couples time to develop a true friendship where other ways of expressing love and affection are practiced. Hugging, talking together, holding hands and sharing good times are all ways of expressing intimacy.

It allows teens to be more sure of their boyfriend/girlfriend before they have sex. Waiting to have sex lets teens see if the first attraction will last.

2. PRESSURE LINES (15-20 min.)

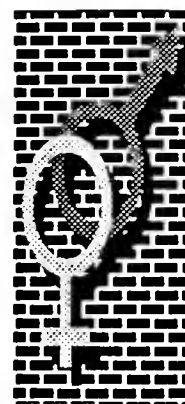
Often teens feel pressured to have sex. If they wish to abstain, they may not know how to say "No". This exercise will trigger a discussion on methods of dealing with pressure and give teens some examples of how to say "No".

Read the following statements aloud to the teens. Have them give a response that affirms the decisions to practice abstinence.

Statements:

Ex: Everybody's doing it.

Response: I'm not doing it, so that can't be everybody!





- a. If you love me, you'll have sex with me.
- b. If you don't have sex with me, I'll leave you.
- c. I know you want to do it, you're just afraid.
- d. I will marry you if you get pregnant.
- e. Don't you want to be a real woman?
- f. Don't you want to prove your manhood?
- g. But I have to have sex with you.
- h. Sex is a natural activity.
- i. You want it as much as I do.
- j. If you don't want to, I'll find someone who will.
- k. You are being a square.
- l. You are the only virgin in the 11th grade.
- m. It will make you popular.

Discussion Questions:

- a. Which statements were most difficult to respond to?
- b. What are some of the other pressure lines people use?
- c. What are some of the pressure peers put on you to/to not have sex?
- d. What are some other ways to express intimacy besides sexual intercourse?

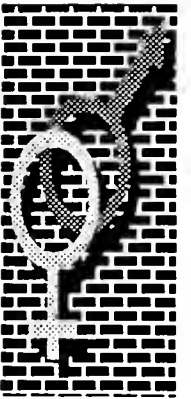
3. SEX AND THE MEDIA (20-30 min.)

Teens need to realize that pressure to engage in sexual activity comes from other sources like the media.

Hand each teen a copy of one magazine. Have them identify and cut out what they think are sexual messages in the advertising of the magazines.

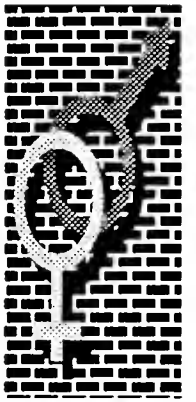
Discussion Questions :

- a. Was it easy to find messages of sex portrayed in the magazine advertising?
- b. Do you think the advertising is effective at selling the product it is trying to sell?
- c. What other sources of media use sexuality to sell or promote products?
- d. Does the sex portrayed in the media impact upon your personal decision to have sex, or to practice abstinence?





VII REPRODUCTIVE HEALTH CARE



OVERVIEW

In order to make informed sexuality decisions, teens need clear, direct information about their bodies. Both males and females need instruction on physical reproductive development so that they are equipped to respond to the changes that their bodies will undergo during adolescence. Often times it is assumed that teens know the basic information; however much of the information that pre-teens have about reproduction and reproductive health issues is inaccurate.

Included here is a section on breast and testicular self-examination. It is important to include this information, because teens need to become familiar with their bodies in order to maintain good reproductive health.

ACTIVITIES

TIME LIMIT

Male and Female Development
Mini Lecture on Menstruation
Medical Exams

30-45 min.
15-20 min.
15-20 min.

OBJECTIVES

1. Teens will learn the functions of their reproductive organs.
2. Teens will be given information regarding their reproductive health.
3. Teens will understand the importance of regular reproductive health exams.

PREPARATION

1. Reproduce Handout #9 (Male and Female Reproductive Anatomy Quiz).
2. Review facilitation guide on male and female development.
3. Have index cards available for teens to write down questions they are unable to ask aloud.
4. Reproduce Handout #10 (Male Testicular Exam and Reproductive Anatomy) and Handout #11 (Female Breast Exam and Reproductive Anatomy).

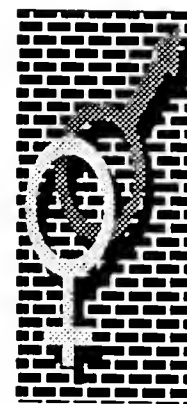
PROCEDURE

1. MALE AND FEMALE DEVELOPMENT (30-45 min.)

Using the worksheet, "Male and Female Reproductive Quiz", see how many teens can correctly identify parts of the male and female anatomy. Stress that this is an exercise to improve knowledge.



After teens finish the worksheet, use the facilitator guide, "Male and Female reproductive Development", to describe the function of each organ.



Facilitator Guide: Male and Female Reproductive Development

Males

1. Development of the testes and scrotum is usually the first sign of puberty in boys beginning between ages ten and 13.
 - a. The skin of the scrotum reddens and wrinkles; testosterone production and sperm development begin.
 - b. Pubic hair appears as a result of the production of testosterone in the testes.
2. The growth spurt in height begins about a year later, the rate of growth approximately doubling.
 - a. The arms and legs lengthen before the trunk of the body. This sometimes causes awkwardness until the body becomes proportionate.
 - b. Faster muscle growth in boys leads to greater strength due to developing more force per gram of muscle as well as larger muscles.
3. Growth of the penis occurs simultaneously with the growth in height.
4. Auxiliary hair and facial hair appear, on the average, some two years after the beginning of pubic hair growth. The remainder of body hair continues development well after puberty.
5. Some boys may notice a slight swelling of the breasts. This will go away as the hormones become balanced.
6. By age 16-18, most males have completed puberty.
 - a. Shoulders have broadened.
 - b. Limbs and trunk are muscular.
 - c. Body growth slows down.
 - d. Sperm production is well established.
 - e. Body hair is established and continues to develop.

Females

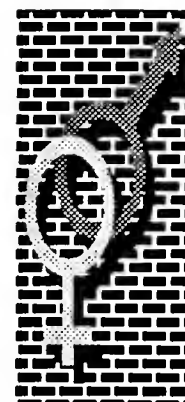
1. Rapid growth between the ages of 8 and 12 is usually the first sign of puberty.
 - a. The ovaries start producing estrogen which triggers the growth spurt.
 - b. Girls lose less of their body fat than boys, resulting in a rounder appearance.
2. Breasts start to develop soon after the growth spurt. Breasts fill out over 3 to 4 years.
 - a. Development begins with swelling of the nipples, breasts may feel tender and sensitive.
 - b. One breast may grow faster than the other, but this will eventually even out.
3. The hips begin to fill out and the rest of the body becomes more rounded and curved.
4. Pubic hair appears soon after breast development begins.



5. Menstruation begins between ages 9 and 17.
 - a. This is the periodic shedding of the uterine lining which has formed in preparation for a fertilized egg. The average cycle is 28 days. Intervals may be irregular in young girls.
 - b. Menstrual flow varies, but the average duration is 2 to 7 days. The amount varies. Some females experience cramps caused by uterine contractions.
 - c. It may be necessary to bathe or shower more often. Sanitary napkins and/or tampons will be necessary and should be changed frequently.
6. Ovulation begins.
 - a. During ovulation an ovary releases a mature egg which then becomes available for fertilization. This occurs approximately 14 days before a menstrual period begins. It is frequently irregular in young girls.
 - b. The first ovulation may or may not coincide with the first menstrual period. A girl may begin to ovulate before, at the same time, or sometime after she first menstruates.
 - c. Multiple ovulation may result in twin or multiple births.
7. By age 15 or 16, most young women have completed the changes of puberty:
 - a. Hips and pelvis have widened.
 - b. Breasts have filled out.
 - c. Growth slows down.
 - d. Body hair is established.
 - e. The menstrual cycle is established.

Male Reproductive Organs

1. **Penis** - The male sex organ and male urinary organ.
2. **Urethra**- The duct through which urine is discharged and, in males, through which semen is discharged.
3. **Vas Deferens**- Either of two ducts that allow sperm to pass from the testicles.
4. **Bladder**- Holds urine (not a part of the reproductive system).
5. **Seminal Vesicle**- Secretes a sugar-rich fluid that is a component of semen which gives sperm mobility.
6. **Prostate**- Secretes a neutralizing agent in semen.
7. **Cowper's Gland**- Secretes pre-ejaculatory fluid.
8. **Anus**- Opening in male and female for expulsion of feces (not a part of the reproductive system).
9. **Epididymis**- A coiled tube where sperm mature, gain mobility and the ability to fertilize an ovum.
10. **Testis/Testicle**- Gland in male that produces sperm.
11. **Scrotum**- External pouch that contains the testicles.



Female Reproductive System

1. **Labia majora and labia minora**- Two sets of folds on either side of the vagina; provide protection to the clitoris and the urethral and vaginal openings.
2. **Clitoris**- A small structure located above the urethral opening at the point where the labia meet; focal point of stimulation for the female.
3. **Urethral opening**- A small opening above the vagina for the passage of urine.
4. **Vaginal opening**- Located between the urethral opening and the anus; usually covered by a thin membrane prior to first experience of intercourse; outlet for the menstrual flow.
4. **Pelvis**- The basin-shaped body structure that provides support and protection to the internal reproductive organs. The part of the body located between the waist and the thighs.
5. **Vagina**- Passageway extending from the uterus to the outside of the body; canal through which the baby passes during delivery; passageway for the menstrual flow to the outside; place where intercourse occurs; capable of expanding during intercourse and childbirth; lubricates during sexual arousal; girls often experience vaginal lubrication and possible orgasm during sleep.
6. **Cervix**- The mouth or opening into the uterus; protrudes into the uppermost part of the vagina.
7. **Uterus**- A pear-shaped muscular organ located in the pelvic region; beginning at puberty, the lining sheds periodically (usually monthly) during menstruation; fetus develops within during pregnancy.
8. **Fallopian tubes**- Passageway for the egg from the ovary to the uterus; place where fertilization occurs.
9. **Ovaries**- Oval-shaped structure located in the female pelvic region; contain 300,000 to 500,000 egg cells at birth; produce female sex hormones, estrogen and progesterone; begin release of eggs at the time of puberty.
10. **Ovum or Egg**- About the size of a pinhead; if not fertilized, dissolves and is absorbed. Usually one is released monthly; if more than one egg is released, may result in twin or multiple births.

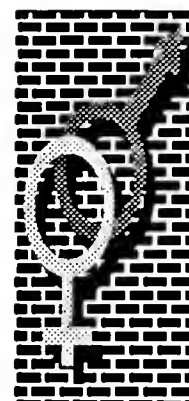
2. MINI LECTURE ON MENSTRUATION (15-25 min.)

Present the following mini lecture on menstruation to the teens. It is important to emphasize that males and females need to recognize the changes that they both are going through. However, if you feel that your group is not mature, or the girls may feel extremely embarrassed by the lecture if the boys are included, you may want to reserve this lecture just for the girls.

Distribute Handout #10 (Male Reproductive System and Self Examination), and Handout #11 (Female Reproductive System and Self Examination) to the teens.

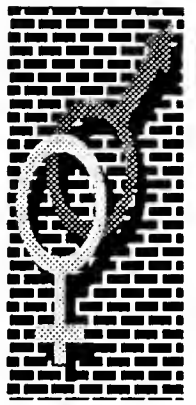
Mini Lecture:

Once you begin puberty, usually between the ages of eight and fifteen, your body starts to develop in new ways. In addition to growing taller and heavier, you grow hair in new places, the shape of your body changes, and you have new and often confusing feelings. During this time, reproductive organs also develop. You may notice that



your penis or your breasts become larger. Boys may experience wet dreams and girls begin to menstruate.

Menstruation, or having your period, is the final stage of a woman's monthly cycle during which her body prepares itself for a possible pregnancy. From start to finish this cycle lasts approximately 28 days, though its length varies from person to person. Most girls menstruate for several years before their cycles become regular. Even then their pattern can be thrown off schedule by stress, illness, diet and other factors. Women generally menstruate until they reach menopause, sometime between the ages of 45 and 55.



As the menstrual cycle begins, a follicle (small sac or bag) in one of the woman's ovaries grows and the egg inside the follicle ripens. About the same time, the lining of the uterus begins to thicken and fill with blood. The uterine lining develops so that it can provide nutrients for a fertilized egg. Once the egg is ripe, it is released from the ovary; this event is called ovulation. The egg then travels down the fallopian tube. If no sperm are present in the tube to fertilize the egg, the egg dissolves and the uterus sheds its unused lining. This shedding is known as menstruation and usually lasts between three and seven days. Once the lining is shed, the cycle begins again.

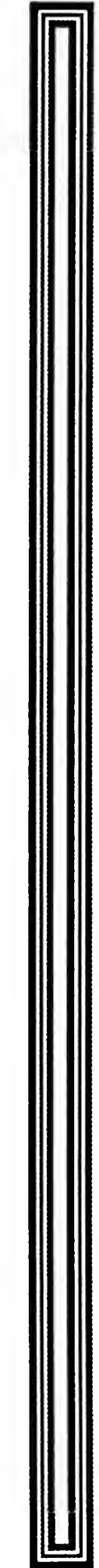
3. BREAST AND TESTICULAR SELF-EXAMS (20-30 min.)

Young women and men should be encouraged to maintain their bodies and learn ways to assure good reproductive health. Women don't often examine their breasts and men don't often examine their testes, because they haven't learned how, they say they're too busy, they are embarrassed, or they fear finding something abnormal. Young women should be informed that breast self-exams should be performed monthly; young men should be informed that testicular self-exams should also be performed monthly. Early detection of lumps may lead to better diagnosis.

Breast Self-Examination

Here are the steps of a breast exam:

- a. Stand in front of a mirror. Look at your breasts with your hands at your sides, with hands raised above your head, with hands pushing on your hips, or with palms pressed together.
- b. Look for differences in shape, not size. Look for a flattening or bulging in one but not the other, for a puckering of the skin, for discharge from a nipple when squeezed, for reddening, or one nipple harder than the other.
- c. Lie down on a bed or in the bath tub. While examining each breast, raise the arm on that side above your head or bend your arm and put your hand under your head with the elbow flat.
- d. Feel the breast gently with flat of fingers of the opposite hand. Move them in small circles or in a back-and-forth motion, examining the whole breast. Look carefully at the area between the nipple and the armpit.
- e. Breast exams should be done frequently when first beginning so you know the different feelings over the course of a month. Then get on a monthly routine. A few days after menstruation ends is a good time to do your exam.

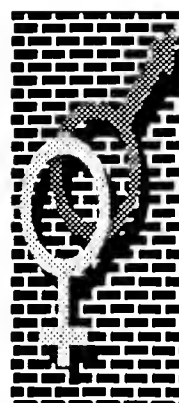


- f. If you detect a lump or are unsure, consult a doctor immediately.

Testicular Self-Examination (T.S.E.)

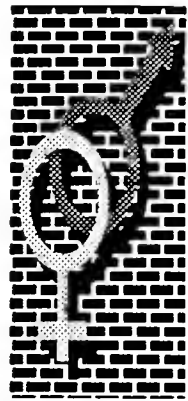
Cancer of the testicles is one of the most common cancers in men ages 15-35. T.S.E. is a simple, three minute exam best done after a warm bath or shower (the testicles are relaxed). The steps of the process are:

- a. Grasp the scrotum at the midline to stabilize the testicle against the side of the scrotum.
- b. Use the other hand to examine each testicle gently for size, consistency or presence of masses.
- c. If you detect a lump or are unsure, consult a doctor immediately.



VIII

FAMILY PLANNING FOR LIFE PLANNING



OVERVIEW

Any person who is not ready to be involved in a sexual relationship should remain abstinent. Those who decide to become sexually active and who do not wish to become pregnant must seek out advice about contraception. The purpose of this section is to integrate the issue of contraception into relationships and sexual decision-making. Contraception must be discussed with attitudes, values, and good decision-making skills. You must recognize an individual's right to control his or her own reproductive freedom and make decisions in accordance with his or her value system.

ACTIVITIES

TIME LIMIT

One Shot Lesson on Contraceptives	30-45 min.
Contraceptive Fact and Fiction	15-20 min.
Contraceptive Decision Making	20-30 min.
Pregnancy Options	15-25 min.

OBJECTIVES

1. Teens will understand the methods of birth control available in the U. S.
2. Teens will recognize that they have the right to control their own fertility.
3. Teens will understand the concept of pregnancy options.
4. Teens will recognize some of the myths associated with contraceptive use.

PREPARATION

1. Review the lecture on the methods of contraception. You may want to invite an expert to present this lecture if that is more appropriate.
2. You will need newsprint or chalkboard for recording responses.
3. The activity on Pregnancy Options is optional. You may need to consult with a colleague to see if the activity is appropriate for your group.

PROCEDURE

1. ONE SHOT LESSON ON CONTRACEPTION (30-45 min.)

You may present the following mini-lecture to teens or invite a guest speaker to conduct the lecture.

Mini-lecture on Contraceptive Methods:

Abstinence

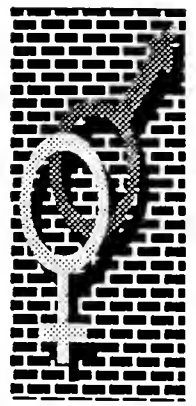
- **How abstinence works:** Prevents sperm release into the vagina
- **How abstinence is used:** Mutual agreement or an independent decision by either partner.
- **Effectiveness:** 100%.
- **Myths about abstinence:** Causes “blue balls” in males. A female who abstains is “hung up” or frigid.
- **Additional information:** Abstinence is readily available to both males and females for no cost, has no medical side effects, no risks, no worry, no conflicts with adults. A person who has had sex in the past may decide to abstain at any time in any relationship. Abstinence protects one's later ability to have children by reducing or eliminating the risk of S.T.D., pelvic inflammatory disease, abortion due to an unwanted pregnancy, contraceptive related health problems.

Condom (Rubber)

- **How the condom works:** Prevents sperm passage into the vagina
- **How the condom is used:** Before sexual intercourse begins, a condom is placed over the erect penis; space must be left at the end to collect the semen (some condoms have a special tip for semen collection). After ejaculation, the condom should be held in place while removing the penis so sperm does not spill into the vagina. Condoms should be thrown away after one use; they should never be re-used.
- **Effectiveness:** 90%, if used with foam (based on actual use).
- **Where to obtain the condom:** Drug stores, family planning clinics, and some public rest rooms.
- **Additional information:** Vaseline may destroy the condom. The condom is a relatively inexpensive method and prevents the spread of most sexually transmitted diseases.

Oral Contraceptives (The pill)

- **How the pill works:** Prevents release of an egg from the ovary (ovulation), prevents implantation of the fertilized egg in the uterus (if ovulation should occur).
- **How the pill is used:** One pill is taken daily for 21 days and stopped for 7 days before starting a new package. Another kind is taken continuously for a 28-day cycle; the last seven are placebos designed to keep the woman in the habit of taking a pill every day. Pills should be taken in order, at a convenient but consistent time each day. If a woman misses a pill, she should take the one she missed as soon as possible, take the next pill at the regular time, and use a back-up method to prevent pregnancy through the rest of this menstrual cycle. The backup is necessary for most women because of the low dosages of estrogen in the pill today. The teen should ask her doctor for specific instructions for using pills.
- **Effectiveness :** 97.5% (based on actual use, including those who skip days).
- **Where to obtain the pill:** Private physician or family planning clinic.
- **Myths about the pill:** Pills cause deformed babies. You take the pill only on the days that you have intercourse. Pills cause sterility.



- **Additional information:** Ordinarily, women with certain physical problems such as high blood pressure, history of blood clots, and heart disease should not use the pill. Women who are heavy smokers should consult with their physician before using oral contraceptives. Possible side effects of taking the pill include reduced menstrual flow, swollen or tender breasts, headaches, slight weight gain, and nausea. Serious but rare side effects include hypertension, stroke, and blood clots. The pill provides no protection against sexually transmitted disease including HIV/AIDS.



Norplant

- **How Norplant works:** Six tiny silastic capsules release a synthetic hormone similar to the progestin found in the body. The hormone works to keep an egg from being released (inhibits ovulation). It also makes the cervical mucous thick so that sperm cannot penetrate it.
- **How Norplant is used:** The capsules are implanted under the skin in the upper arm by a physician. After the implantation, the client needs to return to the physician for regular pap smears. The implants remain effective for five years, and can remain under the arm for that period.
- **Effectiveness:** 99-99.8% effective.
- **Where to obtain Norplant:** A private physician or family planning clinic.
- **Additional information:** Norplant does not provide any protection against sexually transmitted diseases. Norplant can be removed at any time. The cost for Norplant can range from \$500-\$700. Possible side effects of Norplant include irregular bleeding, headaches, hair loss, moodiness and weight gain.

Depo Provera

- **How Depo Provera works:** prevents the release of an egg and thickens the cervical mucous so that sperm cannot penetrate and move into the fallopian tubes
- **How Depo Provera is used:** A physician or clinician administers a shot every three months in your upper arm or buttocks.
- **Effectiveness:** 99.7%.
- **Where to obtain Depo Provera:** A private physician or family planning clinic.
- **Additional information :** The cost of Depo Provera is \$30-\$75 per injection. It provides no protection against sexually transmitted diseases. Injections must be administered by a trained health care professional. Possible side effects of Depo Provera may include irregular bleeding, weight gain, depression, abdominal pain, and delayed return to normal fertility after injection is stopped.

Intrauterine Device (IUD)

- **How the IUD works:** There are several theories; some hypothesize that the IUD prevents the fertilized egg from implanting in the uterus.
- **How the IUD is used:** A trained medical person inserts it into the uterus with an attached string left hanging into the vagina. The string should be checked after each menstrual period by feeling deep inside the vagina
- **How effective the IUD is:** 96% (based on actual use).
- **Where to obtain the IUD:** Private physician, family planning clinic.

- **Myths about the IUD:** An IUD can travel to the heart and cause a stroke. The IUD strings can cut a man's penis.
- **Additional information:** An IUD is one of the easiest birth control methods to use, but is not recommended for women who have never had a child. Some IUDs have to be removed after 13 years. Possible side effects include cramps, heavier menstrual flow, irregular bleeding, infection, expulsion of the IUD, and rarely, uterine perforation (tearing of the uterus). Occasionally, the partner can feel the string during intercourse. The IUD provides no protection against sexually transmitted disease including HIV/AIDS.

Foam

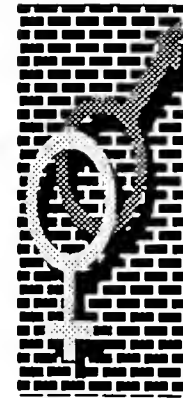
- **How foam works:** Temporarily blocks the opening into the uterus; kills sperm.
- **How foam is used:** The can is shaken approximately 20 times before the foam is removed; One or two applicators of foam are inserted into the vagina immediately before intercourse.
- **Effectiveness:** 80% (based on actual use).
- **Where to obtain foam:** Drug store, family planning clinic.
- **Additional information:** Foam must be available and used each time intercourse occurs. Foam dissolves in the vagina; douching is unnecessary but if used, should be delayed at least 6-8 hours after intercourse. Foam is an inexpensive method but causes irritation in some women.

Diaphragm

- **How the diaphragm works:** Prevents sperm from passing into the uterus.
- **How the diaphragm is used:** It should be inserted within 2 hours prior to intercourse. The woman places a sperm-killing cream or jelly in the cap and around the rim, then puts the diaphragm into the vagina, completely covering the cervix. The diaphragm should be left in for 6-8 hours; if intercourse is repeated within 6 hours, the diaphragm must be left in and more jelly inserted into the vagina with an applicator. After removal, the diaphragm should be washed with soap and water, dried, and stored in its case.
- **Effectiveness:** 82% (based on actual use).
- **Where to obtain the diaphragm:** Physician or family planning clinic.
- **Myths about the diaphragm:** It destroys the spontaneity of sex; It is uncomfortable to wear for 6-8 hours; It can get lost in the body.
- **Additional information:** The diaphragm must be kept readily available and used each time intercourse occurs. If the diaphragm is inserted incorrectly, it may not protect the woman from conceiving. The diaphragm has minimal side effects.

Natural Family Planning (NFP)

- **Types of Natural Family Planning:** Calendar, basal body temperature, and cervical mucus.
- **How NFP works:** Prevents the release of sperm into the vagina during the time the egg can be fertilized.



- **How NFP methods are used:** The time of ovulation is determined by changes in the woman's body temperature and cervical mucus; then intercourse is avoided for a specific number of days before and after ovulation.
- **Effectiveness:** 76% (based on actual use).
- **Where to obtain NFP instructions:** Physician or family planning clinic.
- **Additional information:** NFP is difficult for some couples to use. It requires training from a qualified professional. It is often unreliable, particularly in girls younger than 20 whose cycles may be irregular. NFP requires the couple to refrain from intercourse for many days during each cycle and, therefore, demands motivation and control. NFP may be used with another method of contraception if intercourse occurs close to the time of ovulation. NFP provides no protection against sexually transmitted disease including HIV/AIDS.

Tubal Ligation

- **How tubal ligation works:** Prevents the egg from passing through the fallopian tube to unite with sperm.
- **How tubal ligation is performed:** The fallopian tubes are surgically cut and sealed to prevent union of the egg and sperm.
- **Effectiveness:** More than 99%
- **Where to obtain tubal ligation:** Private physician.
- **Myths about tubal ligation:** It makes a woman less feminine and desirable; it lowers a woman's sex drive.
- **Additional information:** This method is permanent; fallopian tubes can rarely be unsealed and put back together. It is not available to minors in most states and should be selected only when a woman is sure that she doesn't want any more children. Sterilization does not affect one's ability to have or enjoy intercourse.

Vasectomy

- **How a vasectomy works:** Prevents sperm passage through the vas deferens.
- **How a vasectomy is performed:** The vas deferens are surgically cut and sealed.
- **Effectiveness:** More than 99%
- **How to obtain a vasectomy:** Private physician
- **Myths about vasectomy:** It decreases a man's sex drive and interferes with his ability to perform intercourse.
- **Additional information:** Vasectomy is a permanent method; vas deferens rarely can be unsealed and put back together. It should be selected only when a man is sure that he doesn't want more children. Vasectomy does not affect one's ability to have or enjoy intercourse; seminal fluid is still released

Relevant state and local regulations: Parental consent for contraception is unnecessary for minors in many states. Family planning services must be given confidentially. Voluntary sterilization for minors is ordinarily not available.

Availability: Health centers, Planned Parenthood clinics, hospitals, family planning clinics, private physicians, drug stores, vending machines.



2. CONTRACEPTIVE FACT AND FICTION (15-20 min.)

Facilitator designates one side of the room as “Fact” and the opposite side of the room as “Fiction”.

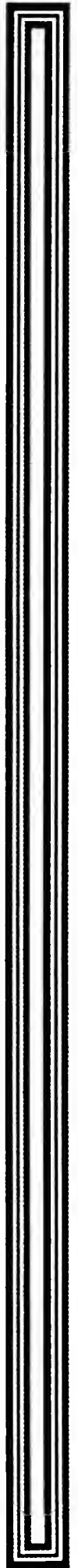
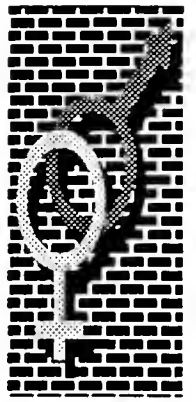
Teens listen to the statement the facilitator reads aloud, and decide, for themselves, whether the statement is “fact” or “fiction”. Each then moves to the corresponding side of the room.

Each teen must be prepared to explain his/her decision. Facilitators may correct any misconceptions.

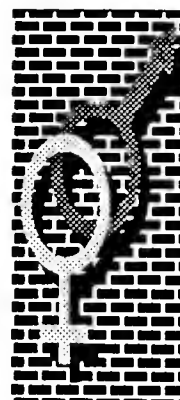
Once the activity is completed, the facilitator may follow up on any topics that have arisen from discussion.

Statements:

1. Abstinence means having sex, but holding back the sperm to prevent pregnancy.
Fiction: Abstinence means not having sexual intercourse at all. It is the only 100% effective method of birth control.
2. Foams, creams and suppositories are as effective as birth control pills.
Fiction: Effectiveness rates range from 70%-97%. To increase the effectiveness, the woman must strictly follow the manufacturer's directions. These contraceptives may be obtained at a drug store, local pharmacy or family planning center.
3. Condoms are a good way to prevent sexually transmitted diseases and pregnancy.
Fact: If the condom is used correctly every time, the chances of pregnancy and sexually transmitted disease are greatly reduced.
4. If a female has a sterilization operation, she stops having periods.
Fiction: Tubal ligation only affects the fallopian tubes by permanently blocking them so that the sperm and egg can't meet. The procedure does not affect hormone production, menstruation, or the woman's ability to have and enjoy sexual intercourse.
5. Most women have to stop taking the pill because of bad side effects.
Fiction: Most women have few or no side effects. Side effects can be reduced or eliminated by changing to a different pill. Some women cannot use oral contraceptives due to personal health history.
6. The longer a couple doesn't use birth control without having a pregnancy, the less likely they are to have a pregnancy.
Fiction: There are some cases in which one or both partners is temporarily or permanently infertile. However, studies show that in a years time for every 100 sexually active couples who do not use birth control, 90 get pregnant.
7. Teens have the ability to protect themselves from pregnancy through a variety of methods, including abstinence.
Fact: Teens today have a variety of methods to protect them from sexually transmitted diseases and unwanted pregnancies including contraceptive and condoms.



8. Females can't get pregnant the first time they have vaginal intercourse.
Fiction: Females can become pregnant any time they have unprotected intercourse if an egg has been released.
9. If a female douches with Coca-cola, Sprite, or Mountain Dew, she can't get pregnant.
Fiction: Douching may help the sperm reach the fallopian tubes faster. Douching will not prevent pregnancy if an egg has been released.
10. A man will become sterile if he doesn't ejaculate when he has an erection.
Fiction: A male will not experience harmful physical side effects if he does not ejaculate.
11. Teens may obtain birth control without their parents' involvement.
Fact: In the District of Columbia, any teen may obtain birth control without his or her parents' consent or knowledge.
12. Norplant is a relatively new and long-lasting contraceptive which prevents pregnancy, but does not prevent sexually transmitted diseases.
Fact: Norplant is a hormonally based contraceptive that works for up to 5 years. The small cylindrical cones are implanted in the skin of the upper arm of females, and are virtually undetectable once implanted. This contraceptive requires medical attention.
13. A female can get pregnant even if she does not have an orgasm.
Fact: A female can get pregnant whenever an egg has been released. Whether or not she has an orgasm makes no difference.
14. The majority of sexually active teens use birth control.
Fiction: 53% of the sexually active 15 -19 year olds don't use birth control every time they have intercourse.



3. CONTRACEPTION AND DECISION MAKING (20-30 min.)

It is important for teens to know that they have a choice to say no to sexual intercourse or contraception. Break the teens into small groups and have them discuss the scenarios listed. They are to decide what advice they would give to the couple, what method of birth control to use if they decide to have intercourse, and their reasons.

Birth Control Choices:

Condom
Condom and Foam
Foam
Norplant
Depo Provera
Diaphragm
Pill

Scenarios:

- a. Tonya and Jamal have been going out for over a year. They do a lot of kissing and touching, but have never had intercourse. Jamal is leaving for college, and

so they have decided to have intercourse. They are going to a cabin in the woods tonight.

- b. John and Carolyn have been having intercourse off and on for several months using the “withdrawal method”. John continues to tell Carolyn that he can control himself. Carolyn’s period is late, and she and John are frantic. After two weeks she gets her period. She wants to use birth control, but is embarrassed to go to the clinic, and John refuses to use a condom.
- c. Marta and Roberto have been dating exclusively for two years. When they first started having intercourse, Marta took the pill. Roberto had to go to California for three months, and Marta stopped using the birth control pill. When Roberto came back, he wanted to continue their sexual relationship. They are alone at Marta’s apartment.
- d. Shanté and Tyrone are planning to get married soon and have not had intercourse. Tyrone would really love to have sex with Shanté, but her religion forbids intercourse outside of marriage.

Discussion Questions :

- a. What factors affect a decision about contraception?
- b. How are these decisions made?
- c. What issues should the couple discuss?
- d. How do you feel about contraception and decision-making?

The key is to help teens to realize that they do have choices and that knowledge about methods of birth control does not mean they should become sexually active. However, if they are engaging in intercourse, they should seek advice on contraception.

4. PREGNANCY OPTIONS (15-20 min)

Unplanned pregnancy, especially during the teenage years, is a special concern for many. Religious, personal, family, and cultural values and expectations need to be respected and explored before a person can make a decision on how to deal with the pregnancy. All teens should be respected for their opinions, and you should make it clear that sometimes there is no “right” choice.

To begin this session, have teens respond to the following incomplete sentences:

Adoption is...

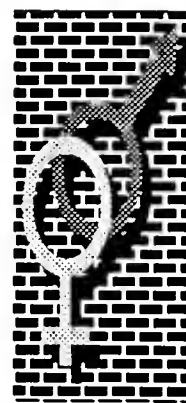
Abortion is...

Females who place their babies for adoption are...

Females who have abortions are...

Females who keep their babies are...

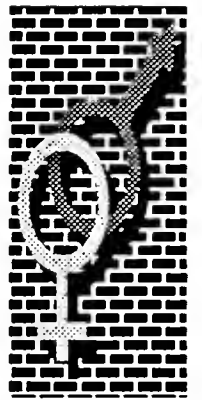
To help teens to understand why people make these decisions, discuss the options. Take three separate pieces of newsprint and title them: “Adoption”, “Abortion”, and “Keep the Baby”. Have teens brainstorm all the reasons why someone might choose each pregnancy option.



Unplanned pregnancy is a complex issue that teens face. You may find that some teens feel that they have no options.

Discussion Questions:

- a. What are some of the most important reasons why people may choose each option?
- b. What are some consequences of abortion?
- c. What are some consequences of adoption?
- d. What are some consequences of keeping the baby?
- e. Do you think there are cultural factors which would favor one option over the others?
- f. Are there any particular situations in which you would pick one option rather than the others?
- g. How should male partners be involved in pregnancy decisions?
- h. How do cultural values affect your pregnancy decisions?
- i. Are there any other pregnancy options?



IX

DATING AND RELATIONSHIPS

OVERVIEW

Adolescence is a time when teens might start to feel that they are “in love”, and there may be social pressures to date or even cultural factors that encourage or discourage such relationships. This section examines dating dynamics and endeavors to help teens explore the emotions involved in romantic relationships.

ACTIVITIES

TIME LIMIT

Male/Female	20-25 min.
Dating Game	20-25 min.
My Ideal Date	15-20 min.

OBJECTIVES

1. Teens will recognize what constitutes healthy relationships.
2. Teens will identify their likes and dislikes when it comes to dating.
3. Teens will recognize male and female roles in relationships

PREPARATION

1. Review the material in this section before beginning.
2. You will need newsprint or chalkboard for teen responses to activities.
3. Prepare Dating Game questions on index cards.

PROCEDURE

1. MALE/ FEMALE RELATIONSHIPS (20-25 min.)

During adolescence and adulthood, people usually look for someone to love. Understanding what constitutes love however, is a difficult task. Explain to the teens that three types of relationships will be discussed today: friendship, infatuation, and love. Write one of the words on a sheet. Have the teens create definitions for each word (or list qualities to describe each).

Explore differences between infatuation and falling in love (chemistry, “I need” feelings) and the hard work of “being in love” (deciding on things you want to do together and establishing common goals, values, and friends).



Discussion Questions:

- a. How many of you have platonic friendships with members of the opposite sex?
- b. Are these friendships more or less difficult to maintain than same-sex friendships?
- c. How do you know whether you are interested in someone as a friend or as a romantic partner?
- d. Has this ever changed over time, that a friendship has turned into a romance or vice versa?
- e. How can you tell if you are really in love?
- f. How is love different from infatuation?
- g. Is infatuation normal in adolescence?
- h. Can two people love each other without having sex?
- i. Does having sex mean someone loves you?
- j. Do you think a relationship with or dating a person from a different culture is problematic? Why or why not?
- k. Are there cultural expectations for you to date?

2. THE DATING GAME (20-25 min.)

Inform the class that you are going to play a classroom version of "The Dating Game", and you need volunteers.

Stress that the teens can act as though they were someone else when they answer. The majority of the group watches the teens and gets to vote at the end. Use the guide "The Dating Game" to facilitate the activity.

The Dating Game

Participation should be voluntary. Three bachelors or three bachelorettes volunteer to sit in the front of the room. Another volunteer (opposite sex) comes up to ask the questions. Sample questions are provided (the same question may be used for each bachelor/bachelorette). Among the sample questions are some easy, warm up questions. The bachelor/bachelorette may choose up to 3 of those before asking the tougher ones. All teens have the option to answer as though they were someone else. They do not have to reveal true, personal things about themselves if they choose not to. Character descriptions can be provided.

Set a time limit for each game. At the end of a game, the group/audience votes for their favorite.

After the whole activity, ask for reactions to the activity.



Dating Game Questions:

- a. What do you like to do in your spare time?
- b. Describe the best thing about your personality?
- c. What do you see for yourself in the future?
- d. What's your favorite musical group?
- e. What's your favorite TV show? Why?
- f. Which of the following do you want most for yourself: power, fame, money, good looks, brains? Why?
- g. How do you define dating?
- h. Who should pay for the dates? Why?
- i. How do you feel about a one guy/one girl relationship?
- j. Describe the ideal boyfriend/girlfriend.
- k. Describe the ideal relationship.
- l. How do you feel about a non-sexual relationship?
- m. What is the difference between love and infatuation?
- n. How do you know you're really in love?
- o. How long should a guy and a girl go together before getting married? Before having sex?

Discussion Questions:

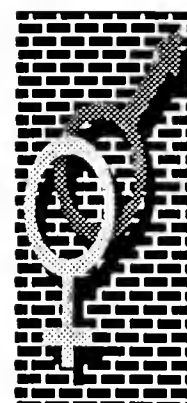
- a. Why did you vote for a particular person?
- b. What appealed to you about his/her answers?
- c. Which questions determined your choice for bachelor/bachelorette?
- d. What are some things you need to know about someone before he/she can become your boyfriend/girlfriend?
- e. Can there be some overlapping of good qualities?
- f. Are guys and girls looking for different things in relationships?

3. MY IDEAL DATE (15-20 MIN.)

Teens are to respond on a sheet of paper to the following statements with their descriptions/ thoughts on the ideal date. You may read the statements aloud or post them on the board. The teens should write their responses individually on a sheet of paper.

Respond to the following:

- a. I will only date a person who...
- b. My date and I will go...
- c. Describe the date (where are you, who is around you, what are you doing).
- d. When the date is over I will...
- e. I will feel good about the date because...



X

ADOLESCENT PARENTHOOD

OVERVIEW

This section introduces the challenges of parenting. Having a child and becoming a parent are realities for many teens. Yet raising a child is an adult responsibility. Teens need to explore their feelings about parenthood and discuss reasons why some teens choose to be adolescent parents.

ACTIVITIES

TIME LIMIT

Cost of Parenting	20-30 min.
What Makes a Good Parent?	20-30 min.
Cultural and Prevention	15-25 min.

OBJECTIVES

1. Teens will gain a comprehensive picture of the basic costs of caring for a child in the first year of life.
2. Teens will recognize the qualities good parents have.
3. Teens will recognize some cultural influences on issues of adolescent parenthood.

PREPARATION

1. You may want to reproduce the activity on Cost of Parenting for the teens to have as a resource guide.
2. Review material that you may be unfamiliar with before beginning the activities.
3. You will need newsprint for teen responses.

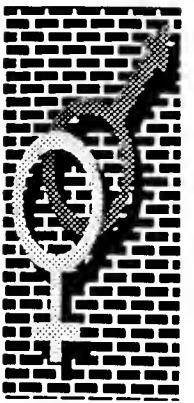
PROCEDURE

1. COSTS OF PARENTING (20-30 min.)

List each group member's name on the left side of the newsprint, leaving room between names for each person's guess of the 10 following costs.



Prenatal and delivery fees
Infant medical fees
Nursery furniture
Diapers (cloth/disposable)
Baby clothes
Baby care products
Baby food bottles
Child care
Baby pictures
Baby sitters



Taking one cost at a time, have each member give their guess for that particular item. Once each member has guessed, discuss and list the actual cost for that item on the right side of the newsprint.

Circle the guessed cost that is closest to the actual cost.

Repeat this procedure until each of the 10 items has been completed. Tally the answers to see which teen came closest to the actual total.

Usually at this point most of the teens have figured out ways to handle paying for a child. They have decided they can use social service, stipends, medical assistance, WIC, and other available services, and that having a baby is no problem. Remind them that they still have to take care of themselves - rent, clothing, fun.

Ask the teens to assume that they and their partner stay together during the pregnancy. Each parent (the male and female) is working, and each makes \$4-\$5 an hour. Have them figure, as a couple, the cost of an apartment, utilities, transportation, car insurance (if they are driving), food and clothes for themselves, entertainment, etc..

Cost of Parenting Facilitator Guide:

This list is a general guide. You may need to check some of the costs to decide whether they are appropriate for your area.

Prenatal and Delivery fees \$5,566 - \$7,358

This is the most expensive item during the first year. The \$5,566 represents estimated charges for a normal two day obstetrical hospital stay. It includes the room, the delivery, the nursery, anesthesia, medical supplies, drugs/medications, and admission charges. A caesarean section costs approximately \$7,358 and includes a 3 day stay, nursery, delivery, anesthesia, lab cost, medical supplies, medications, and admission charges. Although most people have some kind of medical insurance, policies vary. Most pay some part of the maternity cost, usually at least one-half.

Adolescents are at greater risk, and lack of adequate prenatal care increases the chance of complications during pregnancy and delivery. If complications develop, costs will



be higher. Some family policies do not cover maternity benefits for minors.

Infant Medical fees \$320

The infant medical fees are based on \$60 for the initial examination by a pediatrician, six well baby office visits at the cost of \$35 each, plus \$50 for inoculations. This is strictly well baby care cost. No extra doctor visits or prescription costs are included. For example, infants usually need additional visits for common illnesses (e.g. colds, fevers, and ear infections). Like the previous category, if any unexpected situations develop the cost will be much higher. Some community clinics provide free or low cost services.

Nursery Furniture \$500-1554

The \$500 includes a crib, dresser, high chair, car seat, stroller, pads, sheets, blankets and a portable carrier. Money can be saved by buying second-hand items or borrowing from friends and relatives.

Diapers \$676-884

This is the average cost for disposable diapers. Shopping at a discount store and watching for sales can save money. Diaper service for a year costs about \$824-1,209. You can save more money by purchasing and laundering your own cloth diapers at home. This cost is approximately \$551-1,091 a year and takes more time.

Baby Clothes \$695-1,366

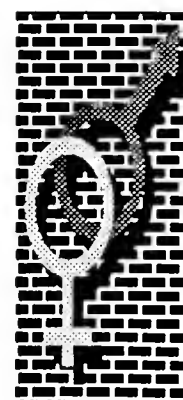
When shopping for baby clothes, practical, durable, wash-and-wear clothing is what you want to look for. You can save money by shopping at discount stores, buying slightly larger clothes to have them last longer, or borrowing baby clothes from friends and relatives.

Baby Care Products \$2,002-3,577

Items included in this category:

Bathing & skin care	\$104-149
Breast-feeding	\$132-600
Bottle feeding	\$665-1,110
Solids	\$280-544
Health and safety items	\$821-1,174
Baby food	\$280-544

Babies eat small amounts of food, but they eat often. Although breastfeeding is one way to save money on food, finances should not be the only consideration. Health benefits of breastfeeding to the baby include, building antibodies to strengthen the immune system, eliminating the risk of reaction to formula, and aiding in digestion.



Bonding between mother and child should also be considered as one of the advantages of breastfeeding. Many public health departments will provide free supplemental food, including baby formula, to low income families with a physician or social worker referral.

Child Day Care Center	\$3,326
Family Day Care Center	\$2,650

This is the estimated cost for licensed home day care. The cost for a private nursery school where the child would stay 8 hours a day, 5 days a week is a little higher. However, it is still extremely difficult to find convenient, full day infant programs. Many nurseries won't take children until they are toilet trained.

Baby Pictures	\$163-1,434
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The cost of \$163-184 is for 14 rolls of film (developing included) and an inexpensive camera. Taking pictures yourself is a lot cheaper than hiring a professional photographer. Department store studio prices vary.

Baby Sitters	\$3,703
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This amount is based on an "at-home" baby-sitter service. This category could increase if you wanted more free time. You can save money if you take your child with you or if you have friends or relatives who are willing to babysit.

Total basic cost	\$16,275-19,499
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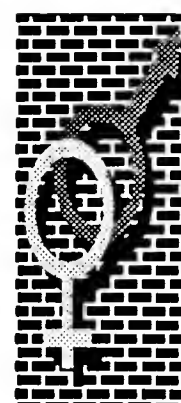
Discussion Questions:

- Is the basic cost for the first year of child care higher or lower than you expected?
- How much would you need to earn to keep up with these expenses and your own daily living expenses?
- How could some of these costs be reduced?
- How would you meet these expenses if your source of income was an AFDC check of \$ 300 month?
- What are some other expenses that are usually added that would increase the price of parenting in the first year? (play pens, strollers, toys, swings)
- How can you prepare for the cost of raising a child?

2. WHAT MAKES A GOOD PARENT? (15-20 min.)

Begin by asking teens how many of them are ready to become parents?

Next divide the teens into small groups, and have the group list on newsprint the characteristics, qualities, and resources that a person needs in order to be a good parent. Reassemble and have each group post and read its list.



Discussion Questions:

- a. Are these qualities found in most parents? Why or Why not?
- b. Are the majority of these characteristics/ qualities found in teens?
- c. Do you feel you have enough of these qualities to be a good parent now?

3. CULTURE AND PREVENTION (15-25 min.)

This is another values voting exercise to get teens to recognize their values towards pregnancy, specifically their cultural values.

Post AGREE and DISAGREE cards at opposite ends of the room.

Explain to teens that you will be reading a statement to them and they are to choose, without following their friends, which side of the room to stand on.

Read each statement and encourage people to quickly move to the AGREE or DIS-AGREE side of the room.

Allow teens from each side to offer their reasons for choosing their place. This exercise may emphasize differences and it is important that all group members understand that you celebrate differences.

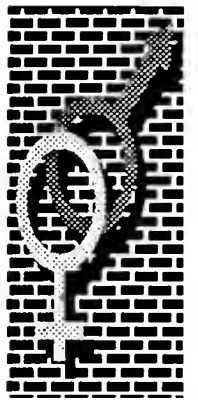
When all statements have been read everyone can return to their seats.

Statements:

- a. It is okay for a teenager in my community to get pregnant.
- b. If I get pregnant the baby has to be given up for adoption.
- c. You should definitely have a baby by age 25.
- d. Getting pregnant is a great way to get my family's attention.
- e. My family will support me if I get pregnant.
- f. I know at least two people in my neighborhood who are teen parents.

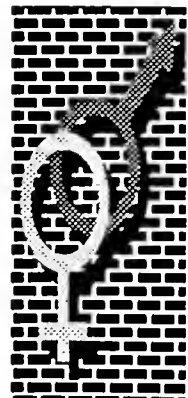
Discussion Questions:

- a. What made it easy to pick a side?
- b. What made it hard to pick a side?
- c. Why did people want to stand in the middle?
- d. Did this exercise make you think about things that you usually take for granted?



XI

SEXUALLY TRANSMITTED DISEASE PREVENTION



OVERVIEW

Every year over 1 million teens become infected with a sexually transmitted disease in the U.S. This section focuses on sexually transmitted disease prevention. The necessity of protecting against sexually transmitted diseases (STDs) as well as pregnancy prevention is introduced.

ACTIVITIES

TIME LIMIT

Sweetly Transmitted Diseases	15-20 min.
Common STDs	15-25 min.
STDs and emotions	15-20 min.
Condom Fun	15-25 min.

OBJECTIVES

1. Teens will review the major sexually transmitted diseases.
2. Teens will understand how sexually transmitted diseases are passed from one person to another.
3. Teens will learn the proper steps to putting on a condom.
4. Reproduce Handout #12 (STDs Incomplete Sentences)

PREPARATION

1. Prepare condom cards to use with the Condom Fun activity.
2. Review the mini lecture on sexually transmitted diseases.
3. You may want to reproduce the sections on "Facts about Sexually Transmitted Diseases" as a resource guide for the teens.
4. You will need one paper or plastic bag for each teen and a large bag of M&M's.

PROCEDURE

1. SWEETLY TRANSMITTED DISEASES (15-20 min.)

This exercise demonstrates the prevalence of sexually transmitted diseases (STD). It also shows the risk associated between multiple sexual contacts and STD incidence.

Before the activity begins, prepare one bag for each teen. Place a mixture of M&M's (any color except green and yellow) in each bag. In addition prepare a bag with only green candies and one with only yellow candies. Mark the bottom of the green bag with an X and the bottom of the yellow bag with an XX. Remember which teens received the marked bags.

Inform the teens that they will receive a bag of M&M candies and an index card. Instruct teens to move around the room and converse with peers. During their conversations they must sign each other's index card and exchange a few candies if they choose.

Ask the teen with the green X bag to stand. This teen has gonorrhea. Now ask anyone with this teen's signature to stand. Next ask the teens that have either of these teens' signatures to stand, and so on. Ask the person with the XX to stand. He/She used condoms, and did not get infected.

Discussion Questions:

- How would the distribution be different if you only exchanged with one person?
- How can the spread of sexually transmitted diseases be prevented?

2. COMMON STDs (15-25 min.)

Ask teens to brainstorm about the following:

Common STDs

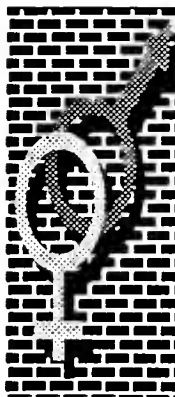
- Signs and symptoms of STDs
- What to do if you think you have an STD?
- How do you prevent getting an STD?

List the responses in separate columns on the board or newsprint and discuss, using the following as a guide.

Sexually Transmitted Diseases Mini Lecture:

Gonorrhea

- Symptoms:** Males have a cloudy (thick, greyish-yellow) pus-like discharge from penis and burning sensation during urination. Symptoms appear 2-10 days after contact with infected person; 20% or more of males show no signs. Females usually show no signs. Some women do have a pus-like vaginal discharge, vaginal soreness, painful urination, and lower abdominal pain 2-10 days after contact.
- Damage if left untreated:** Sterility; pelvic inflammatory disease (PID) in women which can recur even after the gonorrhea and original PID have been cured.
- The patient should inform the physician of all points of sexual contact (genitals, mouth, or anus).
- Treatment:** Penicillin or similar antibiotic that kills the bacteria within 1-2 weeks.



Genital Herpes

- **Symptoms:** Painful blister-like lesions on or around genitals or in anus; symptoms appear 3-20 days after contact with the infected person. Some people have no symptoms. Recurring outbreaks of the painful blister occur in one third of those who contract herpes.
- **Damage if left untreated:** Herpes may increase the risk of cervical cancer; can be transmitted to a baby during childbirth; and can promote psychological problems such as social withdrawal, lowered self-esteem, anger, and stress.
- **Treatment:** Genital herpes is caused by a virus and at this time has no cure. Treatment is aimed at relieving the pain, burning, and itching of active sores by bathing with soap and water or other drying agents. Immediate treatment by a doctor can reduce the severity.

Syphilis

- **Symptoms:** Painless chancre sore on or in genitals, anus, mouth, or throat. Appears 10 days to 3 weeks after contracted. If left untreated, a skin rash will develop, often on the hands and soles of feet, about 6 weeks after the chancre appears.
- **Damage if left untreated:** Loss of hair in patches. If left untreated after the rash appears, it can eventually cause hearing failure, blindness, and damage to the brain and spinal cord.
- **Treatment:** Penicillin or similar antibiotic that kills the bacteria.

Chlamydia

- **Symptoms:** Watery, white discharge, discomfort while urinating. Women may have bleeding (non menstrual).
- **Damage if left untreated:** PID; sterility; prostatitis; epididymitis.
- **Treatment:** Antibiotics.

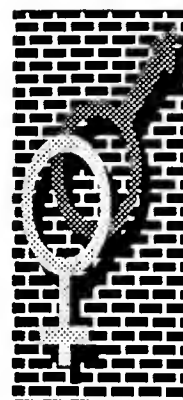
Venereal Warts

- **Symptoms:** Warts are the result of a virus spread during sexual contact. In moist areas like the vulva, they are usually pink or red and soft. They often grow together in little clusters. In dry areas such as the penis, the warts are small, hard, and yellowish grey,
- **Damage if left untreated:** May lead to a precancerous condition. The warts do not go away and will grow and obstruct openings.
- **Treatment:** A physician prescribes a locally applied treatment to get rid of the warts.

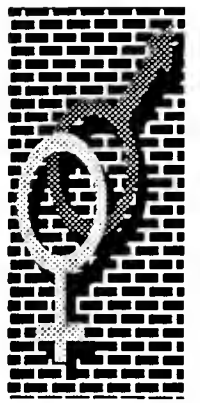
STD Prevention

The only completely effective preventive measure is to abstain from close sexual contact. While this refers primarily to sexual intercourse, any open wound touching broken skin can result in an STD. There are several ways to prevent getting STD's.

For the greatest protection: avoid sexual activity and/or use condoms routinely.



For minimal protection: inspect your partner's genitals; wash genitals after sexual intercourse; urinate after sexual intercourse; use contraceptive foams, jellies, and creams that have nonoxynol-9 in them; routinely have a medical examination.



Appropriate Response to STD:

- a. Seek medical treatment immediately.
- b. Inform your sexual partner(s).
- c. Encourage partner(s) to get treatment.
- d. Abstain from sexual contact while infectious.

3. STD'S AND EMOTIONS (15-20 min.)

Teens should now be ready to explore some of their emotional responses to STD related issues.

Hand out the worksheet called "Incomplete Sentences STD's" and give teens ten minutes to complete it.

Discussion Questions:

- a. Were you surprised by any of the completed statements?
- b. What did you learn about yourselves?

4. CONDOM FUN (15-20 min.)

Form teams of 12 teens each. Give each teen an action card. Instruct the teams to arrange themselves in a line, facing the larger group, according to the best sequence for using a condom. Each card should have one of the actions listed on it. Be sure not to give teens the cards in the correct order as listed below.

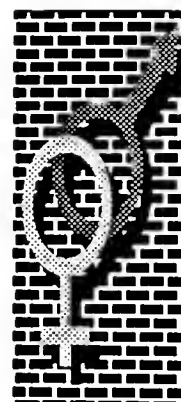
Action cards (listed in correct order)

- a. Talk to partner about condoms
- b. Decide to use a condom
- c. Buy or get condom
- d. Check condom package regularly for expiration date
- e. Erection
- f. Place nonoxynol-9 in condom
- g. Place condom on head of penis
- h. Squeeze out air
- i. Unroll condom
- j. Ejaculate
- k. Hold and withdraw
- l. Remove condom
- m. Never use vaseline and do not



XII

HIV: INFECTED AND AFFECTED



OVERVIEW

In this section teens further their understanding of HIV, its effects, and its impact on society. This section allows teens to evaluate personal risk behaviors.

An important part of HIV education is identifying and evaluating risk. Teens need to evaluate behavior, not individuals or groups of people. Developing judgment about behavior and compassion for people will be a challenge for many teens.

ACTIVITIES

TIME LIMIT

AIDS 101	20-30 min.
Role Plays	15-25 min.
Risk Continuum	15-25 min.
Word Association	20-30 min.

OBJECTIVES

1. Teens will be able to share correct knowledge about HIV with other group members in situations that they might face in the future.
2. Teens will begin to understand what constitutes a risk for HIV infection.
3. Teens will identify attitudes that may make it difficult for them to avoid HIV infection.

PREPARATION

1. Review material in this section before beginning the activities.
2. Prepare Risk Continuum cards.
3. You will need newsprint or chalkboard for teen responses.
4. Reproduce Handout #13 (Word Association).

PROCEDURE

1. AIDS 101 (20 -30 min.)

This activity will give teens information on HIV/AIDS, modes of transmission and prevention. It is important that the facilitator review the lecture carefully and is fully informed.

AIDS stands for Acquired Immune Deficiency Syndrome. AIDS is a group of unusual diseases that people get because they are infected with a virus called HIV. HIV, which stands for Human Immunodeficiency Virus, breaks down part of the body's ability to protect itself from infection, and so people are more likely to get and stay sick.

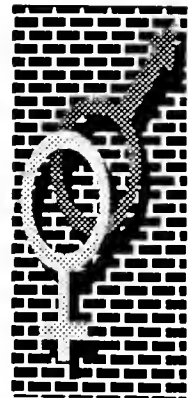
HIV is a human immunodeficiency virus. This means that dogs, mosquitoes, cats, monkeys, and other animals do not carry or give the virus to people. The virus is not choosy, though, about which people it infects. Women, men, babies, teenagers, gay (homosexual) people, straight (heterosexual) people, and people of all colors have gotten AIDS.

So, how do people get infected with this virus? Well, you will not get AIDS from shaking hands, sharing food or cigarettes, or hugging someone with AIDS. You will not get AIDS from a toilet seat or from taking a gym class with someone who has AIDS. A person gets AIDS by letting the fluids from someone else's body (like blood, semen or "cum", vaginal secretions, or breast milk) into their bloodstream. The fluids get into a person's body through holes or tears in the skin, which we sometimes can't see. Some ways that this may happen are:

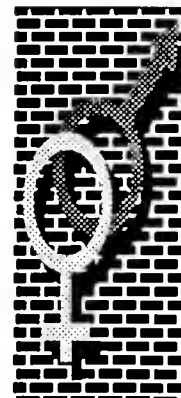
- a. by sharing needles with someone who has the virus. These needles may have been used for taking intravenous drugs ("shooting up"), giving tattoos, or piercing ears.
- b. by having sexual intercourse with someone who has the virus. This includes having oral, vaginal, or anal sex with a man or a woman.
- c. by receiving a blood transfusion. Since March of 1985, all blood and blood products in the U.S. have been tested for AIDS, and the infected blood is thrown away. Therefore, the chances of now getting AIDS this way are very, very small now.
- d. by being the baby of a mother who is infected with HIV. Women do not give AIDS to their children by holding or caring for them. They give their babies the virus during pregnancy, the birth, or through breast feeding.

People who are infected with HIV are often classified in three groups. The first group of people have the virus, but don't feel sick and may not even know they are infected with HIV. But they can still give the virus to someone else by letting their body fluids get into someone else's bloodstream.

The second group of people do get sick, but they do not have one of the diseases that medical professionals use to diagnose AIDS. They may be slightly sick or very sick with these AIDS-Related Complex, and can also give the virus to others.



The third group of people have one of the diseases that are used by medical professionals to diagnose AIDS. Most of these people with "full-blown AIDS" are seriously ill and eventually die from one of the diseases. They, too, can transmit the virus to another person. It may take from six months to ten years or more for a person to get sick once they are infected with HIV. It is important to remember that we cannot get AIDS from them by being their friend. Many people live very full and productive lives with AIDS.



How can we protect ourselves from getting AIDS? Well, unless a person is born with it, she or he must do something to get it.

Discuss any questions that may arise as a result of the lecture.

2. ROLE PLAYS (15-25 min.)

Divide the group in half.

Explain that they must develop the skit and present it to the rest of the group. Not everyone will be able to be an actor, but everyone is expected to contribute ideas to the skit.

Situation 1:

A friend from school has AIDS and cannot attend school anymore because she is sick. Three of her friends talk about what they can do for their friend.

Situation 2:

You and some friends are at the bus stop. One of your friends tells you some things about HIV/AIDS that are wrong - including modes of transmitting the virus. You need to clear up the misinformation.

Discussion Questions:

- a. Was the interpretation realistic?
- b. Why or why not?
- c. For actors: How did you feel in your roles?
- d. For audience: Do you want to add or change anything to the actors' roles?
- e. For all: How do you feel about the role plays?

3. RISK CONTINUUM (15-25 min.)

Select 10 cards (or more if people want to hold more than 1 card.) Give out one card to each teen. Ask them to place themselves in line without talking, from the least risky to the most risky behavior.

Once the card holders are in place, begin with the person closest to the most risky side. Ask that person to decide if he/she is in the right place. If so, stay put. If not, he/she may move anywhere on the line. This proceeds until everyone has had the chance to move.

After the group has reached a consensus, write on newsprint the order of the cards. Discuss. Make any corrections and additions as needed.

HIV Risk Continuum Cards

Print each item on 8.5 x 11 sheet of paper or cardboard, and use as individual flash cards. The items are placed in categories of risk. A = Higher Risk; B = Risky; C = No Risk. Do not print the category of risk on the cards - these are relative and are for facilitator's use during the discussions.

- a. HAVING PROTECTED SEX WITH SOMEONE WHO IS AN I.V. DRUG USER
- b. HAVING UNPROTECTED SEX WITH A DRUG DEALER
- c. HAVING UNPROTECTED SEX WITH YOUR BOYFRIEND
- d. RECEIVING ORAL SEX
- e. GIVING ORAL SEX
- f. DONATING BLOOD
- g. HUGGING A PERSON WITH AIDS
- h. HAVING PROTECTED SEX WITH SOMEONE WHO IS DRUNK
- i. HAVING UNPROTECTED SEX WITH A GUY KNOWN AS "MR. STUD" / or "MACK DADDY"
- j. HAVING PROTECTED SEX WITH SOMEONE WHO USES COCAINE
- k. FRENCH KISSING WITH LOTS OF DIFFERENT GUYS
- l. BEING SNEEZED ON BY SOMEONE WHO IS HIV POSITIVE

4. WORD ASSOCIATION (20-30 min.)

Facilitators for this activity need to be prepared and take time to deal with the many thoughts and feelings that may arise. Responses may be very intimate and personal and it will be important to bring up a range of values to allow for differences in beliefs. It is suggested that the facilitator first complete the exercise individually (or with a close friend) and look at his or her own personal values and beliefs as preparation for this activity.

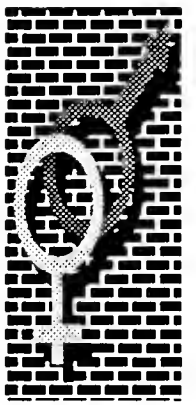
Ask the teens to individually complete the worksheet by filling in the statement with the first thought that comes to mind.

After the list is completed, ask teens to share their thoughts. Write key words on the blackboard or flip chart. Note: If you are only getting responses that the teens term "correct", you can offer alternative responses.



Discussion Questions:

- a. How does the adult society feel about teenage boys having sex? Teenage girls? Does a double standard still exist? What is it based on?
- b. Would adults answer these questions differently? How do adult attitudes about sexuality affect teens' behavior?
- c. Will negative attitudes about condom use affect teens' ability to protect themselves against HIV/AIDS? What could change those attitudes?
- d. How have attitudes about homosexuality affected society's response to the AIDS epidemic?





XIII

VIOLENCE IN DATING



OVERVIEW

This section addresses teens' personal values and beliefs about dating violence and ways of establishing healthy relationships. Teens draw on past experiences to explore the complexities of dating and relationships. In addition, this session introduces concepts of rape and acquaintance rape.

ACTIVITIES

TIME LIMIT

Healthy Loving	15-20 min.
Acquaintance Rape	15-20 min.
How Can Romance Lead to Rape?	20-30 min.

OBJECTIVES

1. Teens will examine the personal issues of dating violence.
2. Teens will understand the definition of acquaintance rape.
3. Teens will explore their values and beliefs and different words associated with dating and dating violence.
4. By examining definitions of certain words, teens will explore his/her values with regard to rape.

PREPARATION

1. Review material in this section before beginning the activities.
2. You will need newsprint or chalkboard to record teen responses.
3. You may want to develop a referral list for teens on places where they can go for help.

PROCEDURE

1. VALUES AND HEALTHY LOVING (15-25 min.)

This activity allows teens to share their values and acknowledge whether or not their views have changed during the session. It also reinforces personal accountability in a dating setting.

Have two 8.5 x 11" cards with AGREE on one and DISAGREE on another card.

Post cards at opposite ends of the room.



Explain to teens that you will read a statement to them, and they are to choose, without following their friends, which side of the room to stand on.

Read each statement, and encourage people to quickly move to the AGREE or DIS-AGREE side of the room.

Allow teens from each side to offer reasons for choosing that place. This exercise may emphasize differences, and it is important that all group members understand that you celebrate differences.

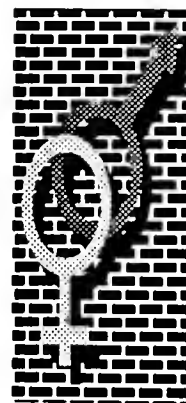
When all the statements have been read everyone returns to their seats.

Statements:

- a. Sex involves more than just intercourse.
- b. Penis size is very important to a woman's sexual satisfaction.
- c. Sex is difficult to talk about.
- d. Teens are too promiscuous and sexually active.
- e. If a man does not take advantage of the opportunity to have sex, he is considered a fool or a punk.
- f. Men should always be the aggressors in a relationship.
- g. Men and women do not communicate honestly with each other.
- h. If a woman allows herself to get high on alcohol or drugs, or goes out with an "animal", she is setting herself up and deserves whatever she gets.
- i. Alcohol stimulates sexual behavior.
- j. Someone needs to be the boss in a relationship.
- k. Sex without love is always wrong.
- l. Agreeing to kiss, neck, or pet with a man means that a woman has agreed to have intercourse with him.
- m. Women provoke rape by their appearance and behavior.
- n. I feel that date rape could never happen to me.

Discussion Questions:

- a. What made it easy to pick a side?
- b. What made it hard to pick a side?
- c. Why did people want to stand in the middle?
- d. Did this exercise make you think about things you'd taken for granted?





2. ACQUAINTANCE RAPE (15-20 min.)

Post the definition of rape and acquaintance rape and review the with the group:

Definitions:

- a. **Acquaintance Rape:** forced, manipulated, or coerced sexual intercourse by a friend or an acquaintance; It is an act of sexuality, aggression, and power.
- b. **Rape:** forced intercourse; Force or threat of force against the will and without the consent of the victim must also be present.

Discuss the teens reaction to these definitions.

3. HOW CAN ROMANCE LEAD TO RAPE ? (20-30 min.)

On the board, write FLIRTATION

Ask the teens to brainstorm what FLIRTATION means.

Write down all the suggestions without omitting any or commenting.

Repeat these steps with the following words:

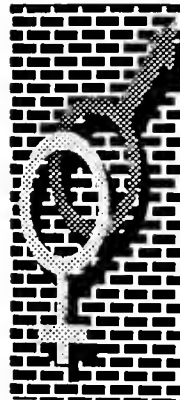
EXPLORATION
SEDUCTION
EXPLOITATION
ASSAULT
RAPE

Have the teens review each list and state the similarities and differences. Note if there are any EMOTIONAL or PHYSICAL similarities or differences. Note if there are any issues of POWER or CONTROL.

Refer to the various definitions to provoke more discussion. Remember that this list includes only some possible definitions. No definition is better or worse. This activity is to help each participant identify his or her values around these words.

Definitions:

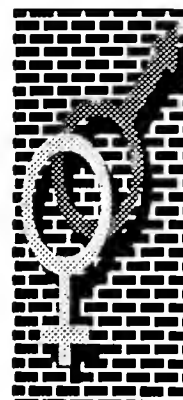
- a. **FLIRTATION:** playing at love
- b. **EXPLORATION:** examining unknown regions
- c. **SEDUCTION:** the act of attraction and persuasion
- d. **EXPLOITATION:** selfish use, sometimes for profit
- e. **ASSAULT:** a violent attack
- f. **RAPE:** any act of sexual intercourse that is forced upon a person against their consent.





XIV

SEXUALITY AND DRUG USE



OVERVIEW

This section addresses teens' personal knowledge and attitudes concerning sexual decision making in relation to substance use, including alcohol and other drug use.

Facilitators should be comfortable with the information presented in this session. Included in this session are basic facts about substance use and abuse. For more information, contact your local health department. As in prior sessions, the focus is in helping the teens to make future responsible decisions now to ensure a meaningful future.

ACTIVITIES

TIME LIMIT

Mini-Lecture on Substances	15-20 min.
Substance Abuse and Values	15-25 min.
Fishbowl	20-30 min.
Role Play	20-30 min.

OBJECTIVES

1. Teens will examine the role of substance abuse in risk-taking behaviors especially regarding sexuality.
2. Teens will discuss the role of substance abuse in dating, relationships, sexual partners, parents, co-workers, gender roles, and date rape.
3. Teens will increase their knowledge of substance abuse and its influence on sexuality decision making.

PREPARATION

1. Review material in the section before beginning the activities.
2. You may want to invite a professional who is working in the field of substance abuse to be a guest speaker for one session.
3. You will need to prepare resource information for the teens of the organizations and agencies that may aid teens who are substance abusers. Consult the Additional Resources Section at the end of the curriculum for places to start.



PROCEDURE

1. MINI LECTURE ON SUBSTANCE ABUSE (15-20 min.)

Present the following mini lecture to teens on substance abuse and risk taking behavior associated with such use that teens engage in. You may want to allow discussion throughout the lecture.

Mini-Lecture

The use of alcohol, drugs and cigarettes by adolescents poses significant threats to their health. Recent data indicates that high school seniors in the U.S. who use alcohol and other drugs are more likely than nonusing peers to approve substance use and down-play risks associated with such use. Compared with non-substance users, teenage drug users:

- have a greater chance of engaging in problematic behavior such as truancy, vandalism, petty theft and property damage;
- have a greater chance of not learning many of the emotional and social skills necessary for leading a safe and productive life;
- have a greater chance of causing an accident or injury to themselves or others;
- have a greater chance of getting into trouble with parents, friends and teachers;
- have a greater chance of engaging in sexual behavior that can put them at risk for unwanted pregnancy, sexually transmitted diseases and HIV/AIDS.

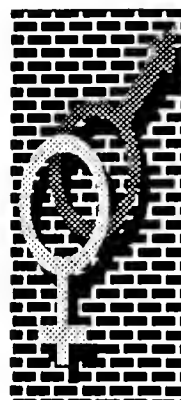
The use of substances can seriously disrupt the development of adolescents. Substance abuse typically proceeds in stages. Tobacco, alcohol, and marijuana are often called gateway drugs, and often lead to the abuse of other drugs such as crack cocaine. Following are some characteristics of common substances used today:

Alcohol

Alcohol, although legal in the United States is a drug that is a depressant. It is mind altering and may create an illusion that emotional stress can be avoided, that desired states or behaviors can be augmented, and that performance can be enhanced or improved. Because it is mind altering, addiction becomes a reality with alcohol users who want or need to distance themselves from their reality. Adolescent alcohol use has been linked to suicide, mental health problems, dropping out of school and delinquency. Adolescents who report having consumed alcohol during the past ten months are 10 times more likely than nondrinkers to use marijuana and 11 times more likely to use cocaine.

Tobacco (Cigarette Smoking)

Early use of cigarettes is seen in Western society as a symbolic rite of passage into adulthood. Cigarettes use however has serious side effects and is a major public health problem. Nicotine is the drug found in tobacco. The use of cigarettes has been associated with cancer of the lungs, and other respiratory problems. Women who smoke during pregnancy run a greater risk of having smaller babies or other defects than women who don't smoke.





Marijuana

Marijuana is the most widely used illicit drug among high school students. Like alcohol, it is a mind altering drug and creates a sense of euphoria for its users. That euphoria does not last and thus creates the need for more of the drug and may lead to addiction. Marijuana also affects behavior and how well one does in school or how well one performs at work. Possible long term effects may include lack of interest in activities, loss of ambition, inability to carry out long-term plans, problems in concentrating, and a decline in school or athletic performance.

Crack Cocaine

Crack cocaine offers its users an intense high in a very short time. The drug is absorbed through the lungs after smoking and quickly reaches the central nervous system, including the brain. In the brain, crack directly affects the pleasure centers. Initially crack elevates a user's mood. But as this feeling of pleasure wears off, the user's mind and body slip into a depression, and the user experiences a let-down feeling, dullness, tenseness and edginess. Heavy crack users often forgo food and sleep to stay high.

Crack cocaine produces both an intense physical and psychological addiction. The effect that crack produces may be accompanied by increased heart rate and blood pressure, seizures, heart attack, stroke and even death.

2. SEXUALITY AND SUBSTANCE ABUSE VALUES VOTING (20-25 min.)

This activity allows teens to share their values and acknowledge whether their views have changed during the session. It also reinforces personal accountability in reference to alcohol and other drug use.

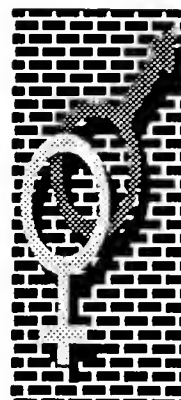
Have two 8.5 x 11" cards with AGREE on one and DISAGREE on another card.

Post cards at opposite ends of the room.

Explain to teens that you will read a statement to them, and they are to choose, without following their friends, which side of the room to stand on.

Read each statement, and encourage people to quickly move to the AGREE or DISAGREE side of the room.

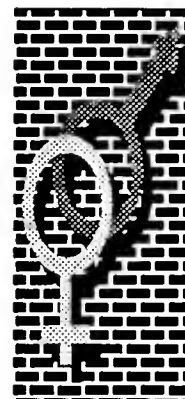
Allow teens from each side to offer reasons for choosing that place. This exercise may emphasize differences, and it is important that all group members understand that you celebrate differences. When all statements have been read everyone returns to seats.





Statements:

- a. Drugs help you to have a good time.
- b. Drugs enhance a sexual relationship.
- c. Sex involves more than just intercourse.
- d. Alcohol helps in making sexual decisions.
- e. Drugs and sex should not be mixed under any circumstance.
- f. The use of drugs acts as an excuse for people to have sexual relations.
- g. Alcohol helps in fostering honest communication of expectations, emotions, or feelings.
- h. Smoking cigarettes makes a person feel sexy and increases their sexual performance.
- i. Alcohol helps people talk about sex
- j. Drugs release inhibitions.
- k. Drugs stimulate sexual behavior.
- l. Drug use reduces the opportunity to effectively use contraception.



3. FISHBOWL (20-30 min.)

Divide the teens into equal groups (3-12 members). Groups should be based on some perceived difference within the group (e.g. sex, age, etc). You may wish to assign a group artificial characteristics (e.g. some males will be females).

Within each group brainstorm the following questions:

- a. Do members of the other group drink alcohol (any amount) or use other substances including tobacco (cigarettes) when meeting or interacting with members of this group?
- b. Why would any member of the other group buy you a drink or drugs?
- c. Why would you accept a drink or drugs from any member of the other group?
- d. Is it easier or more acceptable to abuse some substances more than others?

Remember, when brainstorming, all answers are acceptable and should be written down on the newsprint.

After each group is finished brainstorming, bring the two groups together. Taking turns, each group will then rank order its list while the other group listens and writes any observations.

After each group has ranked all lists, the facilitator should open discussion to clarify reasons and discuss different opinions.

Review the lists to note similarities and differences in the responses.

If time allows, facilitator may guide discussion on some or all of the following questions.



Discussion Questions:

- a. What role, if any, does gender play in drug use or perceived use?
- b. What do people believe about males who drink or use drugs?
- c. What do people believe about females who drink or use drugs?
- d. What does society say about drug use?
- e. What does the media say about drug use, cigarette use?

4. ROLE PLAY (20-30 MIN.)

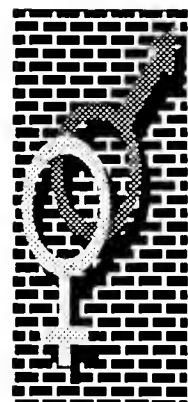
Invite the teens to participate in the following role plays.

Scenarios:

- a. Tracy and Ronald have been dating for a couple of weeks and have a date tonight. Ronald stops at a convenience store before picking up Tracy to get some beer. He is planning that the alcohol will get Tracy in the "right" mood for his first sexual advance.
- b. Carlos and Lisa have been having sex with a condom for a year. At a party they both smoke marijuana to get high. Later that night they want to have sex, but neither has a condom.

Discussion Questions:

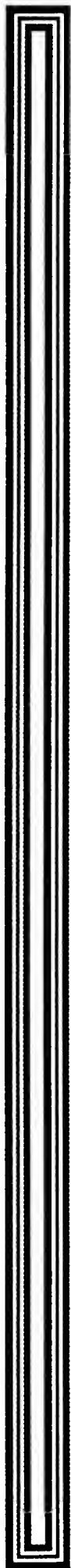
- a. How do you think each character feels?
- b. How would you respond?
- c. Could there be different responses than those presented?
- d. Were the responses in the role plays appropriate for the scenarios presented?







HANDOUT SECTION

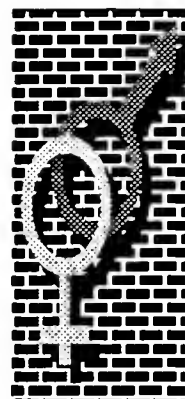


HS



SEXUALITY PRE/POST TEST

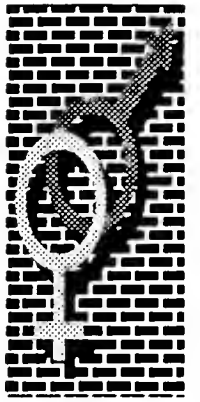
For each of the following statements, please write the answer (sa=Strongly Agree, a=Agree, d=Disagree, sd=Strongly Disagree) that best describes how much you agree or disagree.



- ☐ 1. I can pretty much decide what will happen in my life.
- ☐ 2. I understand that having unprotected sex may have consequences.
- ☐ 3. In the last 6 months, I have been under a lot of pressure to have sex.
- ☐ 4. I can handle pressure well.
- ☐ 5. Many of my friends are having sex.
- ☐ 6. Teens having sex is a normal thing.
- ☐ 7. It is okay for teens who are in a relationship to physically or sexually abuse each other.
- ☐ 8. I can show affection for my girlfriend/boyfriend without having sex.
- ☐ 9. It is okay to be a virgin.
- ☐ 10. Sex is more than just intercourse.
- ☐ 11. Alcohol and other drugs help foster honest communication about sex.
- ☐ 12. Teen girls provoke rape by their appearance and behavior.
- ☐ 13. I feel that rape could never happen to me.
- ☐ 14. It is difficult to talk to my parents about sex.
- ☐ 15. Alcohol and other drugs reduce the opportunity to effectively use contraception.
- ☐ 16. I am not concerned about contracting HIV/AIDS.
- ☐ 17. Smoking cigarettes makes you feel sexy.
- ☐ 18. Teens can obtain birth control without their parent's involvement.
- ☐ 19. It is okay to be homosexual.



PRE/POST TEST CONT'D.



- ☐ 20. My family will support me if I get pregnant/get someone pregnant.
- ☐ 21. I know people who are teen parents.
- ☐ 22. Teen parents can be as good as adult parents.
- ☐ 23. Teens who are sexually active should always use birth control.
- ☐ 24. It is possible to have a sexually transmitted disease and not know it.
- ☐ 25. AIDS is a gay disease.
- ☐ 26. Alcohol and other drugs enhance sexual performance.
- ☐ 27. It is not normal to have sexual feelings as a teenager.
- ☐ 28. Teens have a right to say "no" to sex at any time.
- ☐ 29. A teen who is drunk deserves to be taken advantage of.
- ☐ 30. Abstinence is a positive choice for a teen to make.
- ☐ 31. Being accepted by my friends is important to me.
- ☐ 32. It is very important for me to be popular with my peers.
- ☐ 33. I don't get along with my parents.
- ☐ 34. I think I have a good future ahead of me.
- ☐ 35. The only way to be successful is to have money.
- ☐ 36. I only want to have sex with someone that I love.
- ☐ 37. I know some of the main symptoms of sexually transmitted diseases.
- ☐ 38. Birth control pills always cause cancer.
- ☐ 39. Smoking marijuana has no serious side effects.
- ☐ 40. Attending college is very important to me.
- ☐ 41. It is important for me to live by my religion.
- ☐ 42. There are consequences to having unprotected sex.



☐

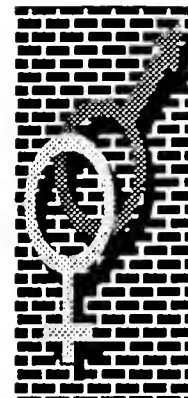
43. Cocaine is a highly addictive drug.

☐

44. Having a baby is not that expensive.

☐

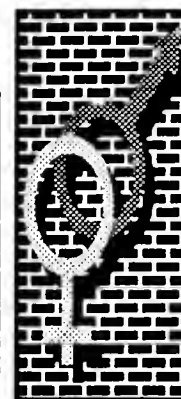
45. It is not important for me to finish high school.



HS

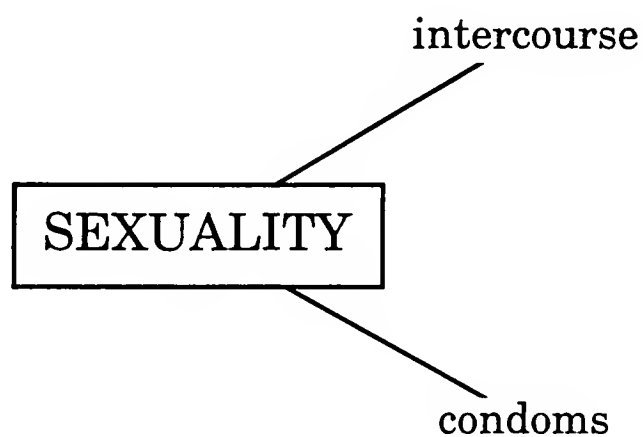


WEB CHART CONSTRUCTION (SAMPLE)

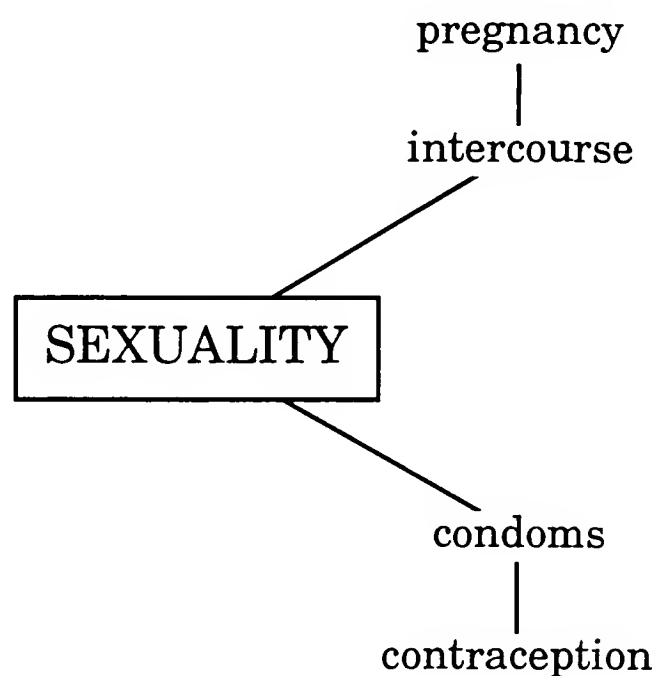


HS

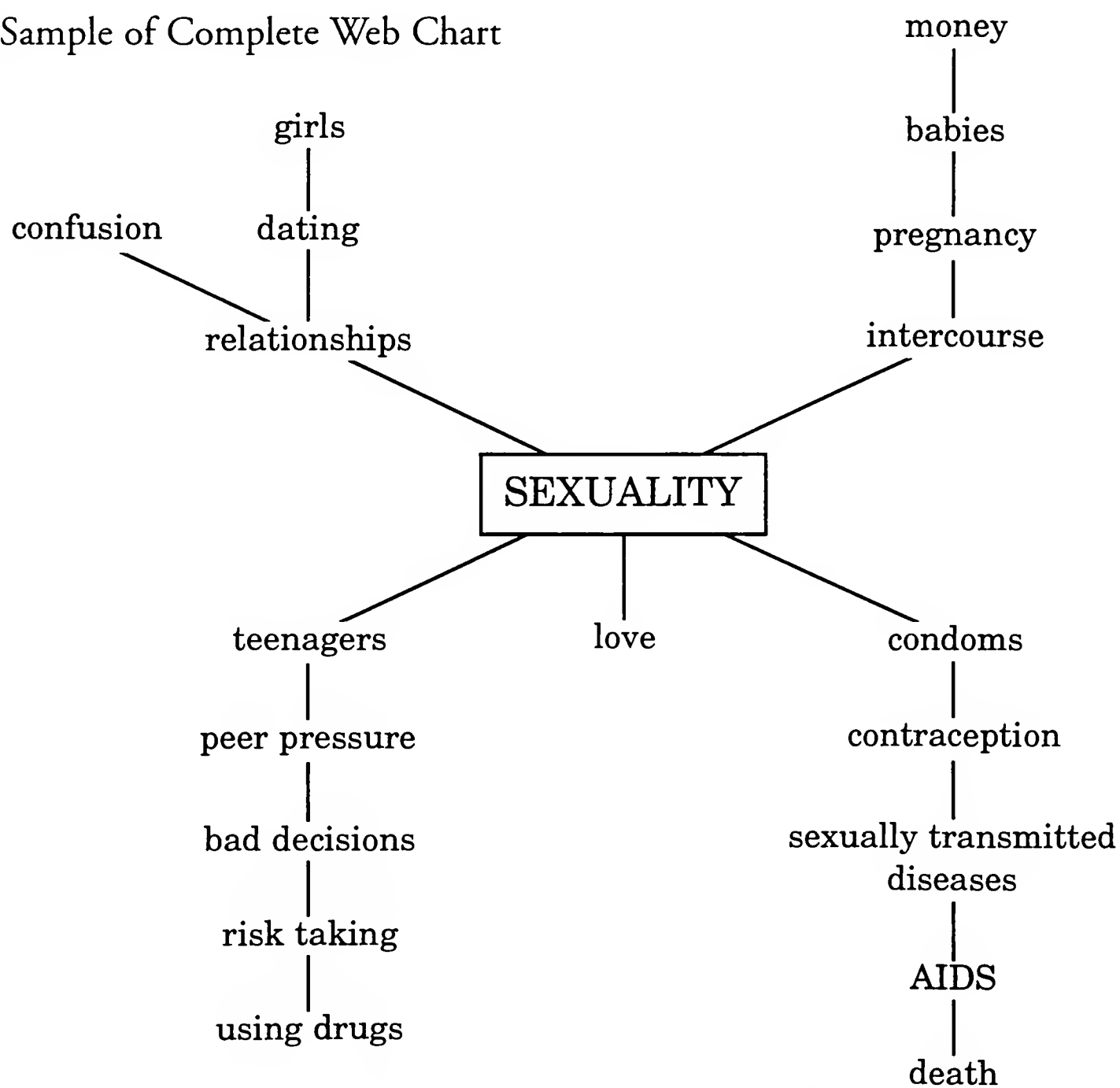
1 First suggestion related to sexuality
(primary associations)



2 More suggestions, including
additional primary associations
and secondary associations



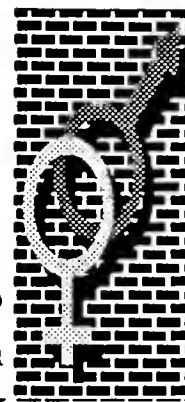
3 Sample of Complete Web Chart





FIND SOMEONE WHO...

This activity is designed to help you get acquainted with your peers. Your job is to find a person that fits some of the descriptions below. If you find a person that fits, write their initials beside the question. You may ask each person only one question.



- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1. Has seen his/ her parents naked. |
| <input type="checkbox"/> | 2. Thinks condoms should be given out at school. |
| <input type="checkbox"/> | 3. Likes school. |
| <input type="checkbox"/> | 4. Is afraid of contracting HIV. |
| <input type="checkbox"/> | 5. Thinks males should be more involved in issues related to teen pregnancy. |
| <input type="checkbox"/> | 6. Likes to dance. |
| <input type="checkbox"/> | 7. Believes it 's okay for teens to have sex. |
| <input type="checkbox"/> | 8. Believes that teens should have sex only with protection |
| <input type="checkbox"/> | 9. Thinks abstinence is a good a thing. |
| <input type="checkbox"/> | 10. Knows what Norplant is. |
| <input type="checkbox"/> | 11. Can describe the steps to putting on a condom. |
| <input type="checkbox"/> | 12. Has discussed sex with his/her parents. |
| <input type="checkbox"/> | 13. Gets negative messages about sex at home. |
| <input type="checkbox"/> | 14. Is a teen parent. |
| <input type="checkbox"/> | 15. Knows someone who is a teen parent. |
| <input type="checkbox"/> | 16. Knows someone with HIV. |
| <input type="checkbox"/> | 17. Has a male teacher. |



☐

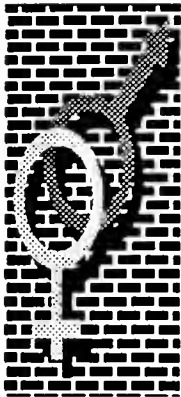
18. Owns a pet.

☐

19. Is in a sex education class at school.

☐

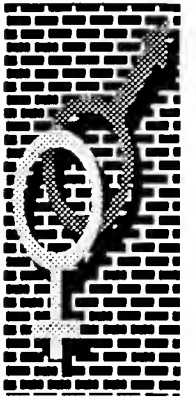
20. Has an after school job.





DEFINITION OF SEXUALITY

Sexuality is a birth to death process that encompasses a person's emotions, thoughts and style of relating to the world. Sexuality includes physical appearance, such as body growth and development, and the changes that occur with the onset of puberty. Sexuality also includes being male or female and how that is defined by society and the community in which a person lives.





DEFINITION OF TERMS

sex-refers to an act of intercourse

sexuality-is a function of your entire being. A birth to death process which includes your feelings and relations to yourself and others

sexual orientation-a person's affectional, emotional and sexual inclination towards another person

gender-refers to a person's birth identity as male or female

homophobia-refers to a fear or hatred of homosexuals

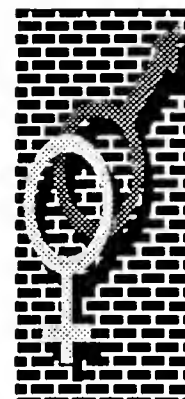
heterosexuality-a person's affectional, emotional and sexual orientation towards members of the opposite sex

homosexuality-a person's affectional, emotional and sexual orientation towards members of the same sex

male-designating the sex capable of fertilizing ova (refers to man)

female-designating the sex that produces ova or bears young (refers to woman)

sex role-everything a person says or does, consciously or unconsciously to express masculinity or femininity

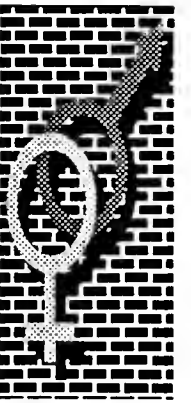


SEXUALITY MYTHS FACILITATION GUIDE

This is provided for the facilitator's use with the correct responses to guide teen responses.

Teens should respond to the following statements with "fact" or "myth".

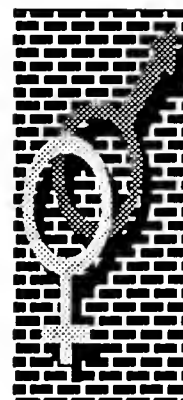
1. It is not possible for a girl to get pregnant if she has had sex during her period.
Myth: It is possible for a girl/woman to get pregnant at any time during her menstrual cycle.
2. Abstinence (not having sex) is the only method of birth control that is 100% effective.
Fact: A girl/woman will not become pregnant if she does not have intercourse (Sperm ejaculated on or near the vagina may enter the vagina and possibly result in pregnancy).
3. A girl can not get pregnant the first time she has sex.
Myth: A girl can get pregnant any time she has intercourse.
4. It is possible to have a sexually transmitted disease and not know it.
Fact: Some STDs have no recognizable symptoms.
5. A man always wants and is ready to have sex.
Myth: Males like to engage in a variety of activities that are totally unrelated to sex as well.
6. People have a right to say no to sex at any time.
Fact: This decision needs to be made each time a person is considering having sex.
7. Big penises means better sexual performance.
Myth: Penis size has nothing to do with a boy's/man's sexual ability.
8. All African-Americans have the same cultural values about sexuality.
Myth: Values about sexuality vary from family to family, even person to person.
9. A man will become sterile if he does not ejaculate when he has an erection.
Myth: A male will not experience harmful physical side effects if he does not ejaculate.
10. Teens may obtain birth control without their parent's involvement.
Fact: In the District of Columbia, teens may obtain confidential reproductive healthcare without a parent's involvement. However, it is recommended that teens discuss these issues with parents if they are able.



SEXUALITY MYTHS

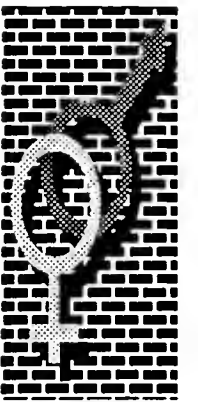
Teens should respond to the following statements with M(for myth) or F (for fact).

- ☐ 1. It is not possible for a girl to get pregnant if she has had sex during her period.
- ☐ 2. Abstinence (not having sex) is the only method of birth control that is 100% effective.
- ☐ 3. A girl can not get pregnant the first time she has sex.
- ☐ 4. It is possible to have a sexually transmitted disease and not know it.
- ☐ 5. A man always wants and is ready to have sex.
- ☐ 6. People have a right to say no to sex at any time.
- ☐ 7. Big penises means better sexual performance.
- ☐ 8. All African-Americans/Latinos have the same cultural values about sexuality.
- ☐ 9. A man will become sterile if he does not ejaculate when he has an erection.
- ☐ 10. Teens may obtain birth control without their parent's involvement.



RANK YOUR VALUES WORKSHEET

Cut into strips along the lines.



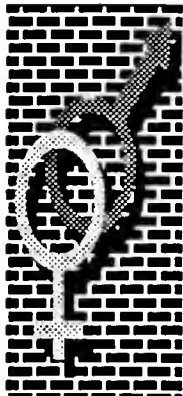
Making it on my own
Getting good grades
Preparing for my future
Getting along with my parents
Getting married
Living by my religion
Being artistic or creative
Making money
Being popular with my friends
Having sex with the person I love
Getting a job I really like
Being a good sport
Having children
Making new friends
Having my own car



FAMILY AND CULTURAL VALUES WORKSHEET

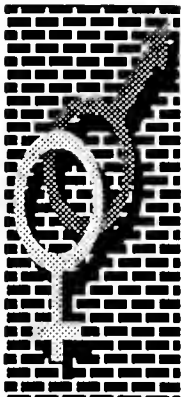
Please rank each value as to how important it is to yourself, your family, and your cultural community. Use the following ranking system:

1=no value 2=little value 3=neutral value 4=some value 5=great value



VALUE	PERSONALLY	IN MY FAMILY	IN MY CULTURAL COMMUNITY
Having a good job			
Being successful			
Owning a fancy car			
Getting married			
Having a child			
Having money			
Being happy			
Having good Friends			
Volunteering in the community			
Living in an ethnic community			
Being in love			
Getting a college degree			
Finishing high school			
Going to church			
Learning your cultural history			
Being a parent			
Not getting pregnant			
Being sexually active			

FAMILY AND CULTURAL VALUES WORKSHEET (CONTINUED)



Please rank each value as to how important it is to yourself, your family, and your cultural community. Use the following ranking system:

1=no value 2=little value 3=neutral value 4=some value 5=great value

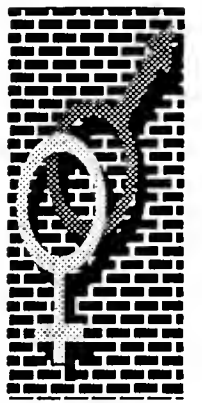
VALUE	PERSONALLY	IN MY FAMILY	IN MY CULTURAL COMMUNITY
Being respectful			
Participating in sports			
Being loved by parents			
Being respected by friends			
Achieving life goals			
Attending school			
Using drugs			
Working hard			
Supporting your family			
Caring for others			
Traveling around the world			
Speaking a language other than English			
Being independent			



NEW WORLD

Given the following persons, decide who would best fit in the New World. Choose only ten people. You need to think carefully about the choices as it may determine the future of the new world.

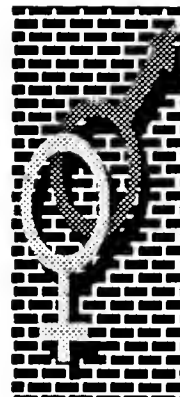
- 34 year old pregnant African American woman
- 65 year old retired farmer
- 54 year old politician
- 42 year old Latino plumber
- 22 year old pregnant white woman who is deaf
- 14 year old boy
- 40 year old five-star Army General
- 29 year old popular television actor
- 10 month old girl
- 2 year old boy
- 28 year old female Navy Captain
- 23 year old graduate student in Biology and Nutrition
- 53 year old school teacher
- 15 year old gang member
- 38 year old Catholic priest
- 47 year old female pilot
- 25 year old professional basketball player

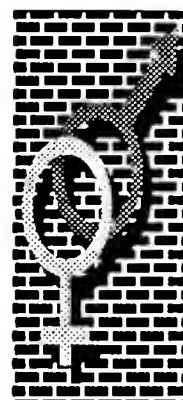


ASSERTIVE, NON-ASSERTIVE, AND AGGRESSIVE BEHAVIOR

The difference between assertive, non-assertive and aggressive behavior is more easily understood by contrasting them, however, it should be noted that each of them involves a RANGE of behaviors. Assertive behavior, like other behavior, will vary according to the situation and the feelings involved.

	NON-ASSERTIVE	ASSERTIVE	AGGRESSIVE
CONTENT	OFTEN UNCLEAR NON SPECIFIC INDIRECT	CLEAR SPECIFIC DIRECT PROBLEM-ORIENTED SUGGESTED OUTCOME	NON-SPECIFIC ESPECIALLY IN TERMS OF OUTCOME DIRECTED AGAINST THE OTHER, RATHER THAN TOWARD A GOAL
VOICE	SOFT TRAILING OFF	CLEAR MODERATE	GENERALLY LOUD HARSH TONE
FACIAL EXPRESSION	AVOIDANCE OF EYE CONTACT EYES DOWNCAST	EYE CONTACT DIRECTED TOWARD THE OTHER	GLARING
POSTURE	BENT OVER FIDGETY	ERECT COMFORTABLE	POINTING FINGER, ETC. RIGID, TENSE
YOUR FEELINGS	HURT ANXIOUS	CONFIDENT SELF RESPECTING COMFORTABLE	RIGHTEOUS ANGRY
THE OTHER'S FEELINGS	GUILTY	RESPECTED SUPERIOR	HURT HUMILIATED
GOAL OF THE BEHAVIOR	AVOID CONFLICT	A CHANGE IN THE SITUATION, A CHANGE IN THE OTHER'S BEHAVIOR	PUT THE OTHER DOWN





MALE AND FEMALE REPRODUCTIVE ANATOMY QUIZ

Directions:

Match the definition from Column 2 with the word it described in Column 1.

Words

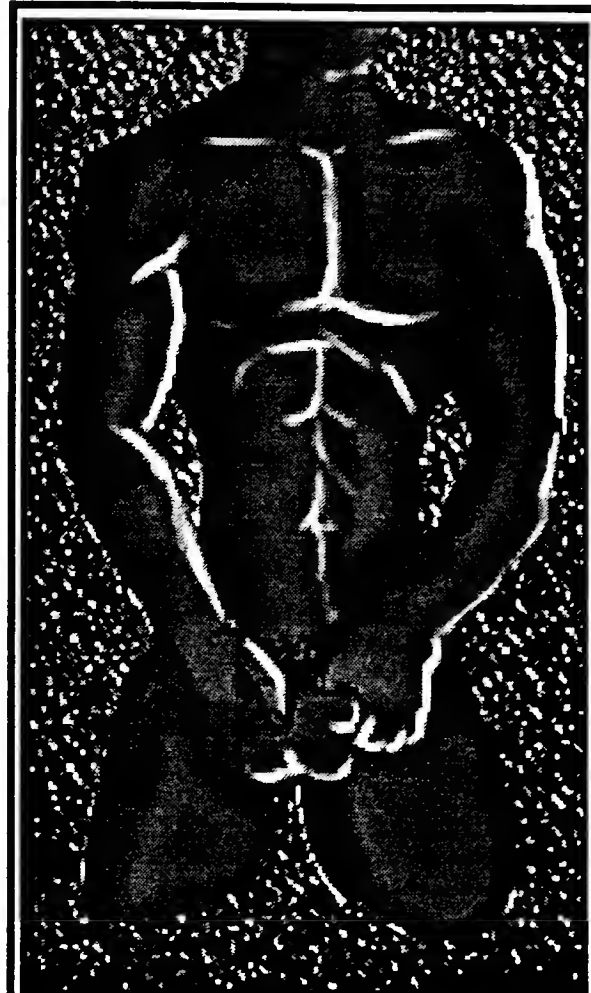
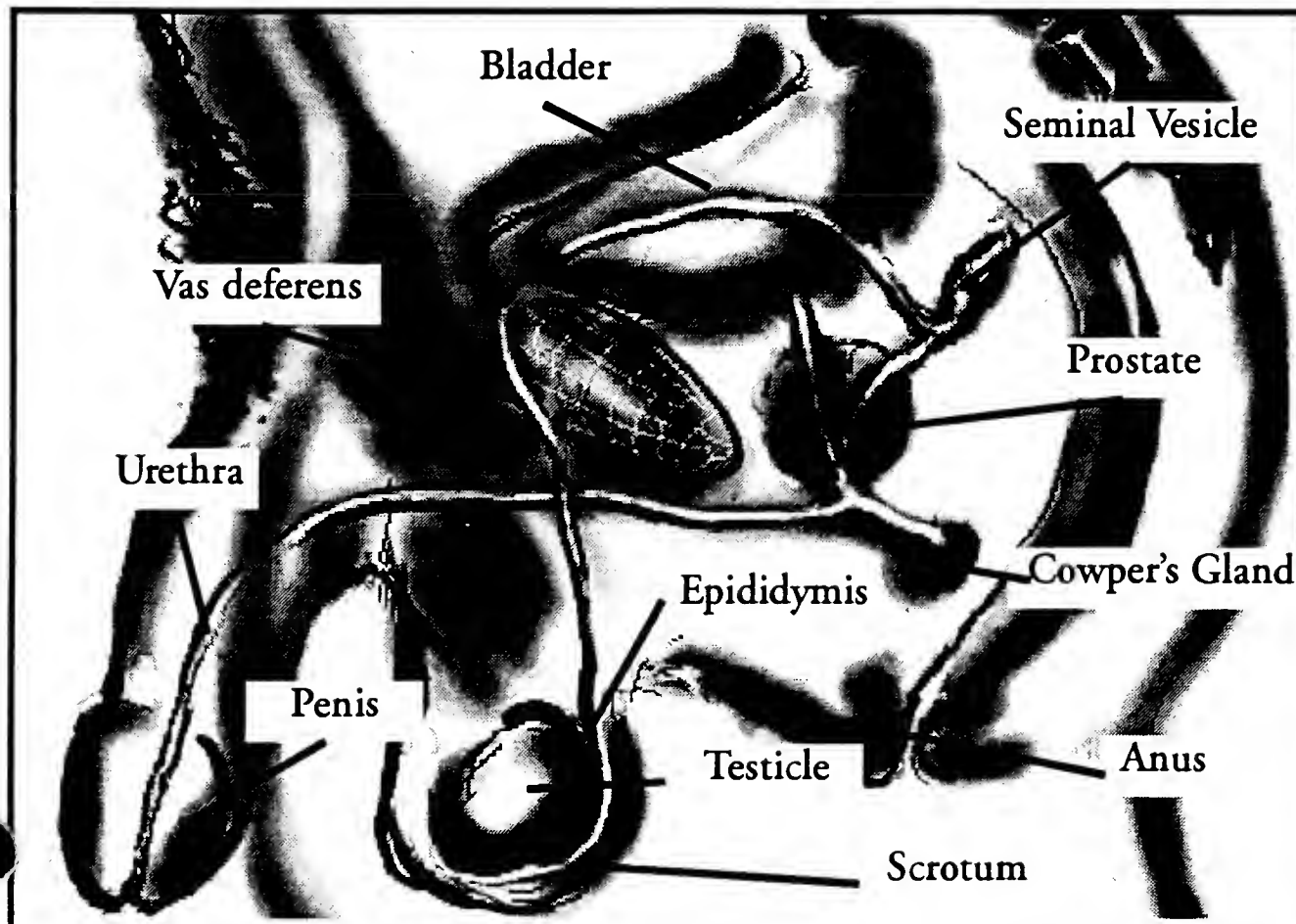
1. Scrotum
2. Testicle
3. Penis
4. Urethra
5. Vas Deferens
6. Cervix
7. Vagina
8. Uterus
9. Ovary
10. Fallopian Tubes

Definitions

- a. Gland in male that produces sperm.
- b. Duct through which urine and semen are discharged.
- c. Either of two ducts that allow sperm to pass from the testicles.
- d. The male sex organ; also, the male urinary organ.
- e. The external pouch that contains the testicles.
- f. Pear-shaped female reproductive organ in which fetus grows and develops until birth
- g. Female organ in which egg cells and sex hormones are produced.
- h. Neck-like, narrow end of uterus which opens into vagina; it stretches to allow a baby to be born .
- i. Either of two tubes through which egg released from an ovary each month travels on its way to uterus.
- j. Passage that leads from uterus to external genital organ



MALE REPRODUCTIVE SYSTEM AND SELF EXAMINATION



Male Reproductive Organs

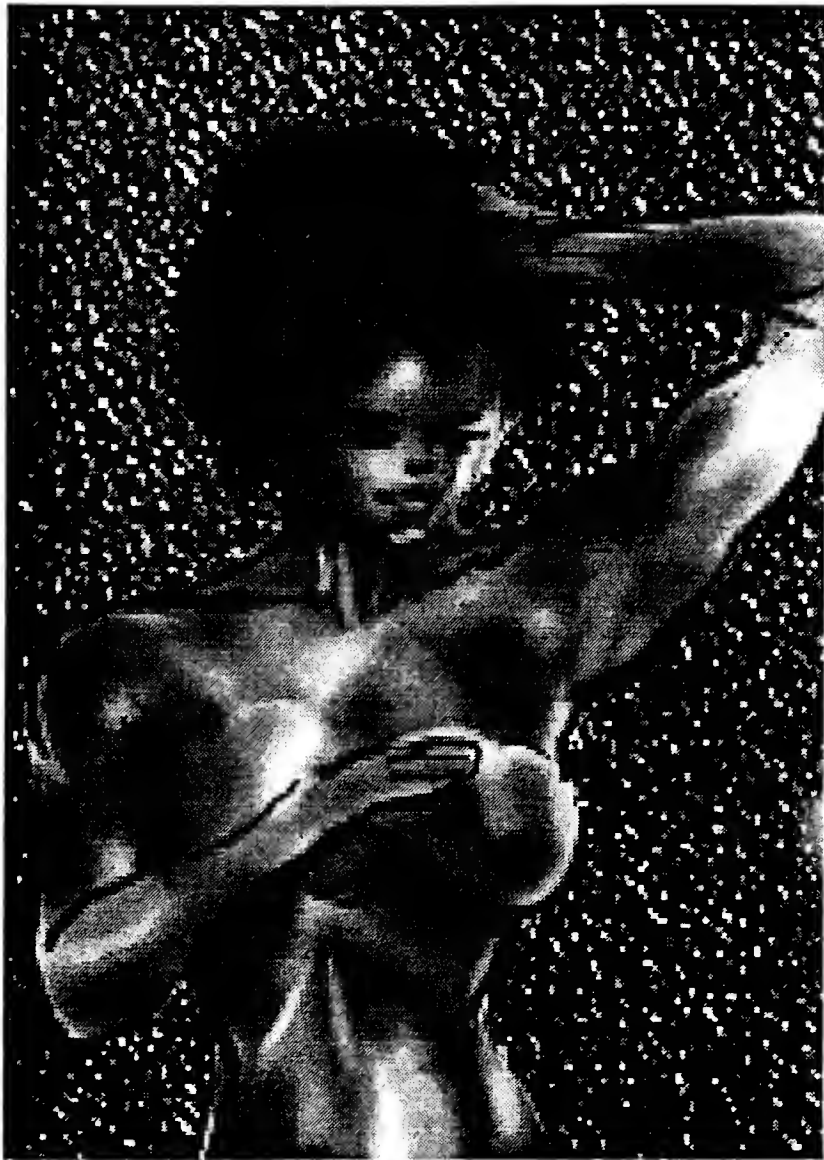
1. **Penis** - The male sex organ and male urinary organ.
2. **Urethra**- The duct through which urine is discharged and, in males, through which semen is discharged
3. **Vas Deferens**- Either of two ducts that allow sperm to pass from the testicles
4. **Bladder**- Holds urine (not a part of the reproductive system)
5. **Seminal Vesicle**- Secretes a sugar-rich fluid that is a component of semen which gives sperm mobility
6. **Prostate**- Secretes a neutralizing agent in semen
7. **Cowper's Gland**- Secretes pre-ejaculatory fluid
8. **Anus**- Opening in male and female for expulsion of feces (not a part of the reproductive system)
9. **Epididymis**- A coiled tube where sperm mature, gain motility and the ability to fertilize an ovum
10. **Testis/Testicle**- Gland in male that produces sperm
11. **Scrotum**- External pouch that contains the testicles

Testicular Self-Examination

Cancer of the testicles is one of the most common cancers in men ages 15-35. T.S .E. is a simple, three minute exam best done after a warm bath or shower (the testicles are relaxed). The steps of the process are:

- a. Grasp the scrotum at the midline to stabilize the testicle against the side of the scrotum.
- b. Use the other hand to examine each testicle gently for size, consistency or presence of masses.
- c. If you detect a lump or are unsure, consult a doctor immediately.

FEMALE REPRODUCTIVE SYSTEM AND SELF EXAMINATION

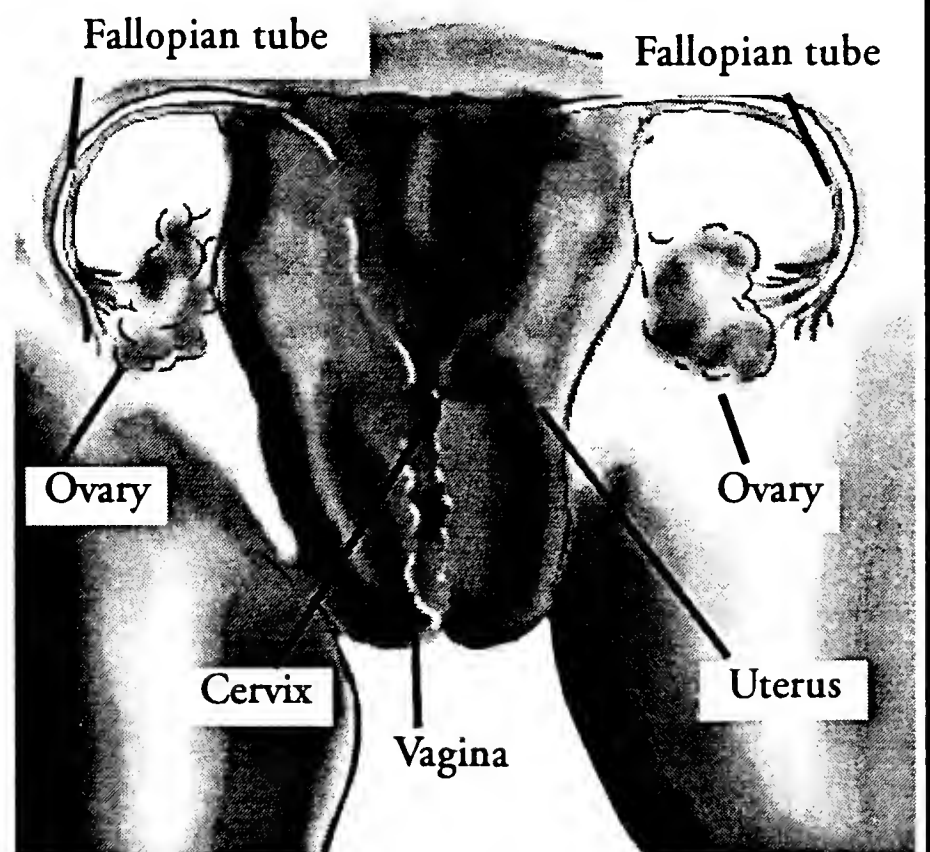


Breast Self-Examination

Here are the steps of a breast exam:

- a. Stand in front of a mirror. Look at your breasts with your hands at your sides, with hands raised above your head, with hands pushing on your hips, or with palms pressed together.
- b. Look for differences in shape, not size. Look for a flattening or bulging in one but not the other, for a puckering of the skin, for discharge from a nipple when squeezed, for reddening, or one nipple harder than the other.
- c. Lie down on a bed or in the bath tub. While examining each breast, raise the arm on that side above your head or bend your arm and put your hand under your head with the elbow flat.
- d. Feel the breast gently with flat of fingers of the opposite hand. Move them in small circles or in a back-and-forth motion, examining the whole breast. Look carefully at the area between the nipple and the armpit.
- e. Breast exams should be done frequently when first beginning so you know the different feelings over the course of a month. Then get on a monthly routine. A few days after menstruation is a good time to do your exam.
- f. If you detect a lump or are unsure, consult a doctor immediately.

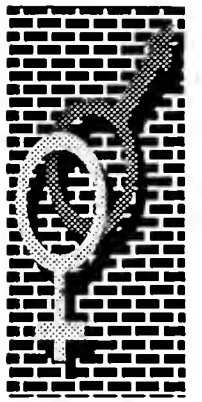
1. **Ovum or Egg-** About the size of a pinhead; if not fertilized, dissolves and is absorbed. Usually one is released monthly; if more than one egg is released, may result in twin or multiple births
 2. **Vagina-** Passageway extending from the uterus to the outside of the body; canal through which the baby passes during delivery; passageway for the menstrual flow to the outside; place where intercourse occurs; capable of expanding during intercourse and childbirth; lubricates during sexual arousal; girls often experience vaginal lubrication and possible orgasm during sleep
 3. **Cervix-** The mouth or opening into the uterus; protrudes into the uppermost part of the vagina
 4. **Uterus-** A pear-shaped muscular organ located in the pelvic region; beginning at puberty, the lining sheds periodically (usually monthly) during menstruation; fetus develops within during pregnancy
 5. **Fallopian tubes-** Passageway for the egg from the ovary to the uterus; place where fertilization occurs
- Ovaries-** Oval-shaped structure located in the female pelvic region; contain 300,000 to 500,000 egg cells at birth; produce female sex hormones, estrogen and progesterone; begin release of eggs at the time of puberty



INCOMPLETE SENTENCES: STD'S

Teens should complete the following statements with their own responses to the statement. The group will discuss the responses.

1. If I got an STD...
2. If my boyfriend/girlfriend told me he/she had an STD, I would...
3. If a former boyfriend/girlfriend told me he/she might have given me an STD, I would...
4. If I had an STD, my parents would...
5. If my best friend told me he/she thought he/she had an STD, I would...
6. People who get STD's are....
7. In order to prevent getting an STD, I am prepared to...
8. People who practice safer sex are...



WORD ASSOCIATION

Complete the worksheet by filling in the statement with the first thought that comes to mind. You will be able to share your thoughts after everyone has completed the worksheet.

A girl who carries condoms

A 17 year old girl who is a virgin

A 17 year old boy who is a virgin

A person with AIDS planning to have sex

A person pressuring someone to do drugs

A person pressuring someone to drink alcohol (beer, wine, liquor)

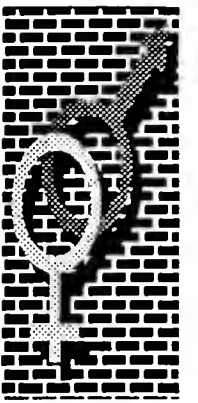
Talking with adults about sex

Going to school with someone with AIDS

Buying condoms

Family planning clinics are

The thought of having HIV myself



ADDITIONAL RESOURCES

Advocates for Youth (Formerly the Center for Population Options)
1012 14th St N.W., Suite 1200
Washington, D.C. 20005
(202) 347-5700

Drug and Alcohol Hotline
Los Angeles California
(800) 444-9999

National AIDS Information Clearinghouse
PO Box 6003
Rockville, MD 20850
(800) 458-5231

National Coalition Against Sexual Assault
PO Box 21378
Washington, D.C. 20201
(202) 472-4248

Planned Parenthood of Metropolitan Washington, D.C. Inc.
1108 16th St N.W.
Washington, D.C. 20036
(202) 347-8500

U.S. Department of Health and Human Services
Public Health Service
Office of Population Affairs
200 Independence Ave., S.W.
Washington, D.C. 20201

Members of the SYNERGY Adolescent Health Coalition
Contact: Colevia Carter
(202) 541-3838



